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George JEFFERY B.A.(Bradford)

THE MEANING OF THE HELP RECEIVED FROM SOCIAL WORKERS
IN SOCIAL SERVICES DEPARTMENTS BY PEOPLE WITH
PHYSICAL DISABILITIES: THE CONSUMER'S VIEW

Volume 1 of 2 volumes
(Chapters 1-1V)

Thesis submitted to the OPEN UNIVERSITY for the degree of
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ABSTRACT

This study examines the meaning of the help received from social workers in social services departments by people with physical disabilities. The main thrust of the study focuses on these meanings and is underpinned by Symbolic Interaction Theory.

The study begins with an historical sketch which reviews the period from 1601 to 1979 with reference to the nature of welfare provision in Britain for people with physical disabilities, and the changing role of the social worker in both the statutory and voluntary sectors.

This is followed by an examination of Symbolic Interaction Theory, through its historical development, to modern schools of thought, and, in particular, to the Chicago School and the work of Herbert Blumer. This section closes with balanced criticisms of Symbolic Interaction Theory.

The research methodology draws freely on the work of Herbert Blumer, particularly his premises, root images and key concepts which suggest a qualitative research design using an interview schedule for data collection. The interview schedule uses two samples of respondents, people with physical disabilities and social workers in social services departments. It is

structured through three stages of the career of people with physical disabilities through a social services department, namely the referral, the active and the termination stages, and through two levels of interaction, namely between them and social workers, and between them and the social context.

A discussion follows which examines the findings from these interviews, and compares the meanings held by people with physical disabilities with those held by social workers. Other research studies are reviewed in the light of these findings.

Finally, once more drawing on the work of Herbert Blumer, the study presents a summary and conclusions along with suggestions for a way forward for people with physical disabilities.

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work

George Jeffery
December, 1985

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I am also grateful to South Glamorgan County Council for financial support, to my work colleagues and to all those authors whose writings clarified my thoughts and stimulated this research. If I have not properly recognised their work in this thesis, the omission is not intentional, and I apologise for it. I also accept full responsibility for all weaknesses, errors or other omissions.

Finally, my thanks go to my wife, Janis, and to my children, Jinny, Karl and Varina for their encouragement and toleration.

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INTRODUCTION

This study examines the meaning of the help received from social workers in social services departments by people with physical disabilities. The main thrust of the study focuses on the consumers and is underpinned by Symbolic Interaction Theory.

We were persuaded to pursue this study for three reasons. First, relative to child care, there is very little social work literature on social work and physical disability, because social services departments and social work educators give low priority and low status to this aspect of social work. Second, we were interested to know if a deserving group were treated in a deserving way, and to find out, we decided to ask consumers with physical disabilities what they thought of the help offered, and third, we wanted to test the application of Symbolic Interaction Theory to social work practice.

A few words of explanation regarding some of the terms used. Social Services Departments were established by the Local Authority Social Services Act, 1970 following the Report of the Committee on Local Authority and Allied Personal Social Services (Seeborn Report, CMND 3703) in 1968. This Report

suggested (paras 329 and 330) that:

'The primary responsibility of the social services department will be that of supporting the family with one or more handicapped members in coping with the difficulties and strains which are bound to arise in such a situation..... But the emphasis must be on helping the handicapped individual in the context of his family and community.....'

Acts of Parliament lay down the services which should be offered to people with physical disabilities by social services departments, and these services are known as 'personal social services'. When the social services department receives a referral, it has a responsibility to send someone to visit the person in his own home, to make an assessment of the need for material and/or non-material assistance, and to make the person aware of the services available, not only from social services departments, but also from other Government departments, and from voluntary agencies.

However, all services, and especially the potential services available from departments of the local authority, are dependent on assessments made, not by the claimant, but by the social worker, and services are a scarce commodity, provided under stringent conditions.

Social workers are paid employees of the local authority and, if qualified, hold the Certificate of Qualification in Social Work (or equivalent qualification), and they have a three-fold duty. First, to act as a link between individual or groups of clients, and other professionals and/or the community. Second, to provide services to individual or groups of clients, and third,

to have a good knowledge of all other benefits and services, both statutory and voluntary, available in their area.

Clients may be defined as those people who seek the services of a social worker.

Chapter 1 of this study is an historical sketch which focuses on the period from 1601 to 1979, through which we examine the nature of welfare provision for people with physical disabilities and the role of the social worker, within both the statutory and voluntary sectors.

Chapter 2 examines Symbolic Interaction Theory through its historical development, to modern schools of thought, and, in particular, to the Chicago School and the work of Herbert Blumer. Much of this study is based on the research methodology suggested by Blumer. We therefore identify and explore his premises, root images and key concepts, and complete this chapter by offering some balanced criticisms of Symbolic Interaction Theory.

Chapter 3 examines the research design for the study by comparing our qualitative design with other research designs, and by describing our sample, data collection methods and pilot study.

Chapter 4 presents our findings in detail.

Chapter 5 presents a discussion of our findings. Here, we

first compare clients with non-clients, and this is followed by a comparison of clients and social workers through three stages of the client career. We relate this discussion to the work of other authors and to other research studies, and, from time to time, we draw attention to the need for replicatory studies or to gaps in knowledge which suggest future areas for research.

Finally, in chapter 6, we present our summary, and our conclusions within the conceptual framework of Symbolic Interaction Theory, and then make some suggestions regarding a way forward for people with physical disabilities.

This is therefore a study about ordinary people, and in it we are very critical of the social context which frequently fails to meet their needs. The picture which emerges is of an alien environment, and if one small improvement occurs as a result of this study, it will have been well worthwhile.

CHAPTER 1

THE STUDY IN CONTEXT: AN HISTORICAL SKETCH OF WELFARE
PROVISION FOR PEOPLE WITH PHYSICAL DISABILITIESIntroduction

The framework for this historical sketch comprises four periods, 1601 to 1834, 1834 to 1900, 1900 to 1945 and 1945 to 1979, through which we examine the nature of welfare provision for people with physical disabilities, and the role of the social worker within the statutory and voluntary sectors. This historical sketch is an integral part of the research design which is based on Symbolic Interaction Theory, and reflects both 'process' and 'meaning', key concepts in this theory (see page 84)

1601 to 1834

Throughout this period, people were primarily country dwellers employed in agriculture with some craft occupations. Finkelstein⁽¹⁾ has noted that, in these country conditions:

' "Cripples" can be assumed to have lived not very differently to the cripples under feudalism. In the small communities of early capitalism everyone knew each other and had a relatively fixed social status with its attendant family and social obligations (the inheritance of feudal rights and duties)'

Finkelstein further suggests that those who survived with physical disabilities would continue to live within their communities alongside the able-bodied, and would be accepted as ordinary members of the community. People with physical disabilities would have made a contribution to the life of the community: those unable to work in agriculture could well have been engaged on spinning or weaving within their

home. They would therefore have been self-supporting or partly supported by their community. They would not have been dependent on the parish. Towards the end of the eighteenth century, population growth (which doubled between 1801 and 1851)⁽²⁾ increased social mobility; industrialisation and economic fluctuations resulted in quite rapid social change from a pre-industrial to an industrial economy. Finkelstein notes ⁽³⁾;

'The rural population was being increasingly pressed by the new capitalist market forces and when families could no longer cope the crippled members would have been most vulnerable and liable to turn to begging and church protection in special poor houses'

These market forces encouraged the construction of much larger spinning and weaving machines which could no longer be accommodated in cottages. Large-scale organisation resulted in the employment of people in the growing towns as opposed to their own homes and communities, and some people with physical disabilities would have found travelling to these towns impossible. In these and other ways, industrialised capitalism sorted the able-bodied from those with physical disabilities and thus began the handicapping environment with particular reference to employment. Growing industrialisation therefore had considerable impact on the lives of people with physical disabilities and was largely responsible for making them become dependent at first on church protection and subsequently on voluntary or statutory welfare provision.

It had been the duty of local authorities since the passing

of the Poor Law Act 1601 to provide subsistence for the sick, needy and homeless⁽⁴⁾. There are perhaps two primary reasons why this duty was placed on the local authorities, first, a fear of social disorder and second, for humanitarian and benevolent reasons.

Fraser⁽⁵⁾ has suggested that wage control, Acts of Settlement, which prevented people moving to areas of higher wages during a period of general shortage of labour, Enclosure Acts and inflation were thought to be likely causes of social disorder. As always, those with wealth wished to ensure that those without it did not become rebellious, but, at the same time, there was often genuine concern for those in need and these two views were reflected in the provision made for different groups. A distinction was made under the Elizabethan Poor Law between the 'impotent poor' such as the aged and the sick, and the able-bodied poor, and different treatments were provided⁽⁶⁾. The impotent poor were offered relief in 'poor-houses' or 'almshouses', whilst the able-bodied were set to work in the 'house of correction'. Clearly some kind of distinction was being made between the 'deserving' and the 'less deserving', but for both groups, provision was at a low level, because poverty was the lot of the bulk of the population, and, in any case, as with to-day, rate-payers wanted to keep the poor rates as low as possible. Harris⁽⁷⁾ has suggested that even by 1844 the average net per capita income was 30p per person per week. Poor rates were levied by 'overseers' and enforced by magistrates, and overseers did all they could to prevent

paupers becoming chargeable on their particular parish⁽⁸⁾.

Many parishes were small and unable to make separate provision for the impotent poor and the able-bodied poor and only provided a house of correction in which both groups were accommodated. Subsequently, unions of parishes were made possible by Gilbert's Act of 1782, and by 1834 over 900 parishes had joined to form 67 unions, many with full-time 'relieving officers', the fore-runner of the local authority social worker. Gilbert's Act also encouraged the payment of 'out-door' relief, particularly for the impotent poor.

Fraser⁽⁹⁾ has suggested that because poverty was the lot of the bulk of the population, poor relief was not regarded as degrading and did not have the social stigma it was later to acquire

1834 to 1900

The Elizabethan Poor Law had not been without its critics. By the end of the eighteenth century there was considerable opposition to welfare provision by the state, and this opposition grew considerably for most of the nineteenth century. The Rev Joseph Townsend had argued in 1786⁽¹⁰⁾ that giving aid to the poor simply made them idle; they had no incentive to work as their needs would be met by the state. 'Laissez-faire' developed as a respectable theory supporting the argument of non-state intervention; this theory was

developed by Adam Smith in his book, 'Wealth of Nations' published in 1776. He was the founder of the 'Classical Economists', the primary advocates of 'laissez-faire'. For Smith, consumption was the sole end and purpose of production, and the consumer would be best served by market forces operating freely (the key word) under competition. The full potential of economic growth would be achieved by leaving all to pursue their own self-interest. Since society was itself only the sum of the individuals in it, then the general welfare would be served by the collective pursuit of individual welfare.

The Rev T.R.Malthus also provided theoretical respectability. His influential 'Essay on the Principle of Population' published in 1798 went to five editions by 1826 and suggested that, unless restrained, population growth would outstrip the means of subsistence. In 1817 David Ricardo published 'Principles of Political Economy' in which he argued that a wages fund existed in which only a certain proportion of the national wealth was available for wages, and the more that was paid out in poor relief, the less remained for wages; the more that wages were forced down, the more people required poor relief.

The population of England and Wales had risen from almost 9 million in 1801 to almost 18 million in 1851⁽¹¹⁾; by 1871 it was almost 23 million. Population growth was centred in the main towns. In Birmingham it increased from 71 thousand in 1801 to 296 thousand in 1861. In Liverpool the

increase was from 82 thousand in 1801 to 444 thousand in 1861, and in Manchester, the increase was from 75 thousand to 339 thousand⁽¹²⁾.

Expenditure on poor relief increased from £6 million in 1822 to £7 million in 1831 accompanied by rioting (Swing Riots in 1830) which stimulated repressive action by Government and landowners against the poor and unemployed.

The work of Malthus and Ricardo built on the ideas of Smith, as clearly it was not possible to believe totally in 'laissez-faire', as this would lead to anarchy. John Stuart Mill argued in his 'Principles of Political Economy' (1848) that all community living involves some restraining of individual liberty in the interests of the common good, but he believed that Government should depart from 'laissez-faire' principles only in very exceptional cases where an overwhelming need existed for state action. In 'On Liberty' (1859) Mill argued that interference with individual liberty ought only to occur in self-protection or to prevent harm to others; interference for the individual's own good was unwarranted.

Work became an essential element in Victorian mid-nineteenth century life. Thrift and self-help became under-lying social philosophies; Samuel Smiles wrote a book entitled 'Self-Help' in 1859 which was an immediate best-seller. He suggested that self-help was at the root of all genuine individual development; that help from without was often

enfeebling in its effects. Smiles reflected the prevailing social philosophy that the open, competitive society with its enormous opportunities, enabled all to rise by their own talents, unaided by Government agencies, a philosophy further developed by Herbert Spencer who argued for 'Social Darwinism' in which the fittest reached the highest levels and those who were inferior remained at the bottom of the social stratum. In a climate of great productive activity, those who did not work were regarded with suspicion and increasingly held responsible for their poverty. Nevertheless, the change in British society from a mainly rural one to an industrial urban one brought many significant changes. For people with physical disabilities, one of the significant aspects was that they could no longer work in their own homes but had to seek employment in factories and to travel to their place of work; for many, this was impossible, leading to their greater isolation and potential dependence on welfare provision. But this dependence had to be clearly demonstrated and where this occurred, need was met by the Charity Organisation Society for deserving people and the Poor Law for the undeserving.

Fear of social disorder and a genuine concern for those in clear need motivated the Victorians to give to charity. In addition, the Victorians were encouraged by the church to give to the poor; it became a duty to give to charity, and many charities published subscription lists which probably acted as a stimulus to giving, and showed who was doing his duty.

Charities increased rapidly in variety and number during this period. Sampson Low⁽¹³⁾ made a survey of charities in London in 1861 and found 640 of which 279 had been founded between 1800 and 1850 and 144 between 1850 and 1860. They had an estimated income of £2½ million which exceeded the amount spent by the Poor Law authorities in London. However, they were soon criticised for their inefficiency and duplication⁽¹⁴⁾ and their was competition between similar charities. Some feared the giving of indiscriminate relief to people who had not demonstrated need, action which was judged to encourage idleness and improvidence⁽¹⁵⁾. From this background of criticism developed the Charity Organisation Society (called in 1869 the Society for Organising Charitable Relief and Repressing Mendicity) to denounce indiscriminate giving as wasteful and the cause of many problems it sought to solve. At the first meeting chaired by the Earl of Derby he noted⁽¹⁶⁾;

'By want of proper supervision and control, by excessive laxity and absence of discrimination between the deserving and the undeserving, we are pauperizing, year by year, an increasing number of our people.'

The COS operated on the principles of helping only those defined as deserving, and encouraging independence and strength of character. Charles Loch, secretary of the COS from 1875 and for the next 38 years, assumed that self-dependence was possible for all, and believed that the social structure enabled all to meet this goal. In his views he was supported by most committee members of the COS; they held a firm belief in the virtue of self-help. 'Deserving' people were individual, personal, temporary and reformatory; 'Undeserving' were left to

the Poor Law, and deserved the harsh treatment meted out there: that was the philosophy of the COS.

The Poor Law Report of 1834 was the work of Nassau Senior (one of the leading laissez-faire economists) and Edwin Chadwick, and contained three principles. First, national conformity: relief to each class of pauper should be the same throughout the UK. Second, less eligibility: the conditions afforded by any relief should be less eligible to the applicant than those of the lowest grade of independent labourers. Third, the workhouse system; the only means by which the principle of less eligibility could be practiced was through a workhouse system. These principles were to be applied to the able-bodied and their families; for them, out-door relief was to be unlawful⁽¹⁷⁾. The provision for the aged and impotent poor was the retention of the Justices' power to order out-door relief, subject to the conditions that the applicant was wholly unable to work, was entitled to relief in the Union and was desirous of out-door relief. The aged and impotent poor (soon to be known as the aged and infirm) were defined as persons permanently incapacitated, whether from old age, defect or chronic debility, from obtaining paid employment. In practice, it was difficult to demonstrate this need if the Justices refused to recognise it. Need was, therefore, defined by the Magistrate and not by the applicant.

Where the aged or infirm required in-door relief, this was to be, according to the 1834 Report, in a separate institution, under distinct management from the workhouse, and it was this principle which, by 1847, was being largely ignored⁽¹⁸⁾.

The aged or infirm experienced the same regime as the able-bodied. The workhouse was a very basic building with very simple amenities. There was a single code of practice; complete separation of sexes, the performance of household tasks, no contact with the outside world, rigorous discipline and subjection to the Master. Work was planned to be boring, with responsibility, initiative and skill deliberately eliminated. Recreation, mental exercise and education were excluded. Sanctions were punishment and religious exhortation. It was noted in the Poor Law Commissioners' Report of 1839 that to give the aged and infirm in the workhouse a modified regime would simply encourage the labouring classes to anticipate, and look forward to, the workhouse in their old age, and they would no longer have the inducement to provide for their own old age. Nor would they be motivated to support their own aged parents or infirm relatives at their own expense.

In 1847 the Poor Law Commissioners were, by Act of Parliament, abolished, and their duties transferred to the Poor Law Board under a Minister responsible to Parliament. This arrangement existed until 1871 when the Poor Law Board was merged in a new department, the Local Government Board.

From about 1860 we see a less punitive approach by the Poor Law Board to in-door relief for the aged and infirm. Some distinction was again being made between the deserving and the undeserving. Building regulations were changed to allow free access to light and air; cubic space per person was increased,

certified numbers for the workhouse were adhered to, hot and cold water was provided to bathrooms and sick wards and fire-escapes were provided. The furnishings of wards were also gradually improved with the provision of open fireplaces, benches and cupboards, tables and a few chairs, combs and hairbrushes were also provided. There were even suggestions that rugs and bed-clothes should be of cheerful design and that some chairs should have backs and cushions. Diet was improved with the suggestion that a professional cook be employed in place of a pauper inmate⁽¹⁹⁾.

There is also some evidence which suggests that out-door relief was given more willingly to the aged and infirm; in 1852 the Central Authority noted⁽²⁰⁾:

'As to the cases in which the pauper is too infirm to come every week for the relief, it is on many accounts advantageous that the relieving officer should, as far as possible, himself visit the pauper, and give the relief at least weekly.'

Indeed, from about 1860 until the abolition of the Poor Law Board in 1871, official documents appear to give no disapproval of out-door relief being given to the aged and infirm.

From 1871 to about 1885, we again see a more punitive use of the Poor Law by the Central Authorities. There was a steady pressure exerted by the Inspectors to reduce out-door relief. A circular from the Central Authority in 1871 compared Unions with regard to the amount of out-door relief paid; those with large amounts were the subject of some criticism without any attempt made to discover whether these larger amounts were

due to particularly high proportions of aged and infirm. There was also an implication in the circular that the offer of the 'house' might be used as a means of preventing the aged and infirm from coming onto the rates. A new stress was laid on obtaining contributions from relatives and on the making of detailed investigations of the circumstances of the applicant. In the Third Annual Report of the Local Government Board for 1873-4 a Mr Longley, an inspector, recommended that out-door relief to people with physical disabilities should be discontinued, except for cases which he defined so closely that practically all applicants would be excluded. Mr Dodson, President of the Local Government Board also declared in 1881 that it was impossible to test applicants for out-door relief as⁽²¹⁾;

'They cannot be closely watched, and you cannot tell when a man is receiving out-door relief that he is not having aid from other sources, or that he is not to some extent earning something for himself..'

This more punitive approach also appears to have been applied to in-door relief for the aged and infirm. Mr Longley emphasised in 1873 that he regarded the deterrent discipline of the workhouse as effective on the minds of not only the able-bodied directly, but also on the 'disabled class of paupers'.

From about 1890, we again see a more generous approach by the Central Authority towards the operation of the Poor Law.

For example, in 1895 Sir Henry Fowler, President of the Central Authority of the Poor Law Board wrote to the Bradford Board of Poor Law Guardians asking them to give greater consideration to the aged and infirm who required out-door relief. The Bradford Guardians required all out-door paupers to come every week to the workhouse to receive their monies, and Sir Henry had written to ask for local pay points. Mr Chaplin, the President of the Central Authority also wrote in a circular in 1896 that in the administration of relief, more discrimination ought to be made between:

'The respectable aged, and those whose destitution is distinctly the consequences of their own misconduct;'

thus making a distinction once again between the deserving and the un-deserving poor. Mr Chaplin also wrote to the Poplar Guardians in 1896 to inform them that the Central Authority had no objections to an aged married couple being boarded-out in a country cottage which he said was 'Simply non-resident relief'. By 1900 Mr Chaplin could write:

'The Board consider that aged deserving persons should not be urged to enter the workhouse at all unless there is some cause which renders such a course necessary, such as infirmity of mind or body, the absence of house accommodation, or of a suitable person to care for them.'

and added that where out-door relief was granted it should always be adequate. However Webbs have noted⁽²²⁾:

'Whatever the intention of the Central Authority, it is evident from the

replies that it received to its repeated inquiries (that) an enormous diversity of practice existed, utterly at variance with the principle of national uniformity.'

Many Unions preferred to work to the principle of warding off destitution rather than of providing maintenance. The diversity was not only with regard to the frequency of out-door relief, but also with regard to the amounts; the concept of 'adequate' varied enormously, and the Central Authority appeared to take no action on these discrepancies.

Improvements actually began in the regimes of workhouses in 1892 over a tobacco issue. One Union wanted to allow deserving elderly men some tobacco, but the auditor objected, supported by the Central Authority. The Union refused to 'give in', and finally the objection was withdrawn. From 1892 on, the Central Authority permitted a weekly tobacco allowance to men over 60 years of age in the workhouse, and by 1895, the Central Authority was recommending a non-deterrent and flexible regime with regard to bed-times and meal times for the aged and infirm. Visiting committees were asked to ensure that the aged were properly attended to, and to listen to grievances. The aged and infirm were also to be allowed out for walks, to visit friends or to attend places of worship, and they could also receive visitors in the workhouse. They were also no longer required to wear distinctive dress. Thus, in the words of the 1834 Poor Law Amendment Act, they were to enjoy their indulgences.

By 1900, stronger circulars were being sent by the Central Authority to recalcitrant Unions. By 1904, diet had improved with the provision of hot meat or fish, tea, coffee, cocoa, sugar, butter, milk puddings and furnishings improved to include arm-chairs, carpets, curtains, table-cloths and pictures. Lending libraries were recommended as was the provision of a piano for divine services and use at other times.

Earlier (see page 30) we briefly mentioned the appointment of 'Relieving Officers', and we now examine more carefully the role of these officers, as they were the fore-runners of the modern-day social worker. Their job basically, was to examine every application for poor relief, and to make a decision. Their degree of autonomy in decision-making was constrained by the prevailing legislation and by the prevailing values and beliefs, reflected in social theory. The role of the relieving officer was generally prescribed very clearly by the Central Authority. For example, in 1848 the Poor Law Board minuted:

'As a general rule, the relieving officer would be right in refusing relief to able-bodied and healthy men.'

and in 1869 the Board suggested that there should be more relieving officers to check the 'overlapping of out-door relief and private charity'. In 1871 a Circular said;

'All paupers receiving relief on account of temporary sickness.....should be visited at least fortnightly by the receiving officer.'

The embryonic social worker was also to be found in the Charity Organisation Society. To distinguish between the work of the Poor Law and the work of charity, Mr Goschen, President of the Central Authority issued a circular in 1869 which he suggested that charities should undertake the following duties:

- 'a. The necessary supplementing of insufficient incomes, leaving to the operation of the Poor Law the provision for the totally destitute.
- b. Donations of bedding, clothing, or other similar articles not provided by the Guardians to persons in receipt of out-door relief.
- c. Services to such persons which are beyond the power of the Guardians (such as the redemption from pawn or the purchase of tools or clothes, and the expenses of migration).

The circular also suggested that charities and the relieving officers should bring to each other's notice all applications falling within each other's areas of competence in order to prevent any 'overlapping'.

The Charity Organisation Society attempted to allocate assistance on the assumption that they could distinguish between the deserving and the undeserving applicant. From the early 1870's, the Society offered various definitions of deserving and undeserving, eventually producing 'Form 28; Notice to Persons Applying for Assistance', which set-out conditions under which help would be give as follows⁽²³⁾:

- '1. The Society desires to help those persons who are doing all they can

to help themselves, and to whom temporary assistance is likely to prove a lasting benefit.

- 2.No assistance should be looked for without full information being given in order that the Committee may be able to judge;
 - 1.Whether the applicant ought to be helped by charity.
 - 2.What is the best way of helping them
- 3.Persons wishing to be assisted by Loans, must find satisfactory security, such as that of respectable householders. Loans have to be paid back by regular instalments.
- 4.Persons who have thrown themselves out of employment through their own fault, ought not to count upon being helped by charity.
- 5.Persons of drunken, immoral or idle habits cannot expect to be assisted unless they can satisfy the Committee that they are really trying to reform.
- 6.The Society does not, unless under exceptional circumstances, give or obtain help for the payment of back rent or of funeral expenses. But when help of this sort is asked for, there may be other and better ways of assisting.
- 7.Assistance will not, as a rule, be given in addition to a Parish Allowance.

By Order, COS Committee'

Clearly, from the foregoing, the applicant has to make his own deserving case within rigorous guidelines, these guidelines simply reflecting the current social theories.

There appears to have been from the mid 1870's some co-operation between the Poor Law authorities and charities with regard to in-door relief. There was particular co-operation with regard to voluntary hospitals, asylums for people with physical

disabilities and homes, all of which were inspected by Poor Law relieving officers⁽²⁴⁾.

The Charity Organisation Society, however, appears not to have wanted co-operation with the Poor Law, viewing state intervention with mis-trust. In 1876 they noted:

'It is good for the poor that they should meet all the ordinary contingencies of life, relying, not upon public or private charity, but upon their own industry and thrift, and upon the powers of self-help that are to be developed by individual and collective effort.'

The embryonic social worker with the COS was predominantly an upper middle-class lady with time on her hands and a desire to do good to the poor⁽²⁵⁾. The 'Lady Bountiful' image. Generally, they came from a higher social class than the male relieving officers, although some of these middle-class ladies were employed as visitors and Guardians⁽²⁶⁾. The bringing-to-gether of rich and poor was one of the aims of the COS as noted in the 1877 Report:

'The rich, in seeing something of the distresses of the poor will have forced upon their minds the responsibility attaching to wealth and leisure.'

Their ideal was a society which recognised mutual obligations between rich and poor which accepted the class system as 'right and proper'.⁽²⁷⁾ Casework was therefore the prevailing method, that is, expecting the individual to become self-supporting through self-help. The social theories of the time explain

why⁽²⁸⁾:

'The three (casework, groupwork and community work) fell apart and only casework was conceptualised'

Woodroffe⁽²⁹⁾ has suggested that, stressing the duties which the rich owed to the poor, acted as a 'Social Sedative' which helped to remove the possibility of social revolution. The false assumptions of the prevailing social theories of the time were severely challenged during the last 20 years of the 19th century, as poverty was frequently shown to be related to the economic and social structure rather than to personal failing. The great depression of 1873 to 1896 resulted in high unemployment and poverty, whilst from 1886, studies in London by Booth and in York by Rowntree showed clearly that 1/3rd of the population lived below or at a realistic poverty line.⁽³⁰⁾ The extent of poverty was quite beyond help from private charity. The general public appear to have been disturbed by the number of recruits for the Boer War in 1899 who were rejected on the grounds of poor health. The Poor Law was quite unable to cope, particularly during periods of high unemployment. The social theories were brought forward for re-examination.

1900 to 1945

Many of the social policy decisions of this period were concerned with removing categories of need from the Poor Law, and finding more acceptable alternatives. The 1908 Old Age Pensions Act which was non-contributory, was a typical example, although it

was viewed by some (e.g. The House of Lords) as only thinly disguised out-door relief. It was paid as a right to the deserving poor, that is, those who had not been criminals, drunkards or malingerers, and, as it was called a 'pension' it was socially far more acceptable than out-door relief. There had been much criticism of the Poor Law resulting in the setting-up of the Royal Commission on the Poor Law in 1905 which completed its work in 1909 and presented two Reports, the Majority and the Minority Reports.

The Majority Report recommended the retention of the Poor Law and to make it all-embracing once again, for they noted:

'The causes of distress are not only economic and industrial; in their origin and character they are largely moral.'

The Majority Report therefore recommended a 'Destitution Authority' to deal with all persons requiring maintenance from public funds. On the other hand, the Minority Report stressed the importance of social conditions and fluctuations in the economic structure as causes of poverty. They recommended separate administrations to deal with separate problems such as health, pensions and education.

Neither Report resulted in action because the Liberal Government wished to develop schemes based on the Insurance principle. Lloyd George hoped to give, through insurance schemes, financial security to all the deserving groups (such as categories of unemployed, orphans, widow, sick, and aged) The Liberal

Government hoped, through Insurance, to remove the stigma from claimants, but this was not to be, for the old social theories were too powerful.

By 1918, the Government's attention was directed towards the needs of injured ex-service personnel. In 1919 training centres were established for re-training ex-service personnel, and incentives were offered to employers to recruit a proportion of their staff from these ex-servicemen.. Other plans were in hand by the Government for further development of schemes for people with physical disabilities, but the subsequent recession from 1920 to 1940 took the primary attention of the Government. What developed from 1918 was an extension of non-contributory payments at subsistence level, first with an 'out of work' donation for demobilised soldiers, later extended to civilian unemployed, and the Unemployment Assistance Board in 1934.⁽³¹⁾ The Act of 1934 removed all male able-bodied unemployed from the aegis of the Poor Law, leaving the Poor Law to become a relief agency for a variety of conditions. The powers of the Poor Law Guardians had been vested in the local authorities by the Local Government Act 1929 but by 1936 only 13% of those in receipt of poor relief were in institutions comprising children, the old and the sick, the largest groups being the sick. Thus the Poor Law withered through neglect but did not die until 1948. But the social theories were only dormant.

The voluntary sector was also concerned to develop services outside of the Poor Law to make them more acceptable. However, because of the enormous demand made on services by the unemployed,

little attention was given to other groups, such as people with physical disabilities. Younghusband has referred to the period 1900 to 1945 as the 'Long Standstill',⁽³²⁾ The main voluntary provision was for institutional, in-door relief, which tended to be very patchy and thinly spread.

By 1900, the COS had developed training for its social workers by supervising their work, and offering lectures, which resulted in 1903 in a professional school of social work at university level⁽³³⁾ which amalgamated with the London School of Economics in 1912. In the North of England, the Guild of Help was established in 1904 to provide a personal service in place of 'Simple Material Provision', leading eventually in 1919 to the National Council of Social Service. In 1906, the Hospital Almoners Council was formed to provide training for social workers in the hospitals; their primary task was to assess and collect contributions from patients towards the cost of hospital services⁽³⁴⁾. For all social workers training, the main influences came from psychology and psychiatry; an individual approach to problem solving which fitted well with the old prevailing social theories, for this approach, called casework, looked to changing the individual and not his social environment. The influence of the COS philosophy is clear and powerful, although the name was changed to the Family Welfare Association in 1940.

In the local authority sector, the relieving officer remained the social worker, largely untrained and working to precise instructions; little had changed in the role of the relieving officer by 1945.

1945 to 1980

The Beveridge Report on Social Insurance and Allied Services

was published in 1942 and was based on three guiding principles:

- '1. That it was time for revolutionary changes and not time to keep to past experience.
2. That social insurance was only a part of a comprehensive social package which involved tackling the five giants of want, disease, ignorance, squalor and idleness; the insurance scheme would tackle want.
3. That this combination of state and individual functions would not stifle personal initiative.'

which in turn were based on three assumption of family allowances, a comprehensive health service and full employment. The Beveridge plan envisaged cradle-to-grave provision for sickness, medical treatment, unemployment, widows, orphans, old-age, maternity, industrial injury and burial. It was universal in coverage of both risks and persons and benefits would be at subsistence level, and adequate; but from the beginning, those prevented from earning by industrial injury were more generously treated than the sick or the unemployed, reflecting the key importance of employment as opposed to unemployment and sickness, supporting the view of the employed as being more deserving of help, rather than more needy. To bring, where necessary, benefits up to subsistence level and also to cater for those without any entitlement to other benefits, supplementary allowances were made available through the National Assistance Act, 1948.

This Act created the National Assistance Board and also allowed local authorities to provide services for people with physical disabilities.

The National Assistance Board aimed to protect every member of society from destitution, and payments were not dependent on contributions having been made; it was not an insurance scheme. In fact, higher allowances were often paid to families than they might have obtained from insurance contributions. Although the scheme was not directed particularly at people with physical disabilities, they were some of the beneficiaries. Many people with physical disabilities were excluded from insurance schemes simply because they were not able to obtain employment and therefore did not pay the necessary contributions.

Section 29 of the Act was concerned with the provision of services such as leisure and social activities, holidays, meals-on-wheels, home adaptations, TV and telephones, and Section 21 of the Act with the provision of residential care. It was part of the role of the receiving officer, now known as the Welfare Officer, to match these services to the perceived needs of applicants.

In theory, the National Assistance Act, 1948 completed the break-up of the Poor Law; administratively, it did, but the stigma of the Poor Law remained. Nevertheless, the Beveridge Report did prepare the ground for an approach which would,

or could treat people with physical disabilities in a more deserving way.

In retrospect, what can be said about the Beveridge Report insofar as it affected people with physical disabilities? We are concerned here only with financial benefits and personal social services.

Applicants for National Assistance continued to be subjected to a means test, discrimination and stigma; applicants for all benefits frequently found them complex and confusing. Townsend⁽³⁵⁾ noted in 1984 that 2/3 of people with physical disabilities were in poverty or on its margins (poverty taken as Supplementary Benefit level) and Casserly & Clark⁽³⁶⁾ write (1977):

'Not one individual we have interviewed found the experience of claiming benefit entirely free from shame or embarrassment'

Also in 1977 in reply to a parliamentary question, Mr Alf Morris listed 86 benefits for people with physical disabilities, saying that this list was not exhaustive. Casserly & Clark found that knowledge of benefits available was very poor; not one respondent could fully account for the way in which his benefit was calculated by the DHSS. Knowledge of the appeals system was also very limited.

Walker & Townsend⁽³⁷⁾ argue that disabilities and financial need are closely related yet there appears to be a hardening

of public attitudes towards the provision of state benefits. This results in a further reluctance on the part of people with physical disabilities to apply for these benefits. Since Beveridge, there has been a move away from universalism towards selectivity once again. Applicants have to prove their need in ways which undermines their self respect. Working people are given a wage-slip with their pay; why not give a similar pay slip to those on benefits? Universal benefits, such as mortgage relief or child benefit are discrete and private whilst benefits for the poor are public and discriminatory⁽³⁸⁾. The proper solution for people with physical disabilities is an adequate income given as a right, but we are some way from this position in society. Why this is so, is one of the main themes running through this study.

Sections 21 and 29 of the National Act 1948 were concerned with services provided by local authorities for people with physical disabilities. In 1955 Ian Macleod was asked as Minister of Pensions to make sufficient resources available to local authorities for them to make proper provision for this group of people; he replied that a Committee of Enquiry under Lord Piercy would consider this request. This Committee reported in 1957 but confined itself to a review of employment opportunities only, and reported that the Disabled Persons (Employment) Act 1944 was operating satisfactorily although the provisions of the Act were being widely ignored by employers including Government departments with little attempt made to enforce them⁽³⁹⁾. The question of local authority resources was raised again in Parliament in 1959, and the local authorities

were requested by the Secretary of State to do better in the future. There was no further debate in the House of Commons until 1964 when Mr Alf Morris entered Parliament. From 1964, more questions were asked stimulated by Alf Morris and the growth of pressure groups such as the Disablement Income Group, the Central Council for the Disabled and the Disabled Living Foundation. Up to about 1970 appears to have been a period of increasing public and press awareness of the needs of people with physical disabilities resulting in the setting-up of a major survey in 1967 to assess the number of people with varying degrees of disabilities in Great Britain; the result, amongst other decisions, was the passing of the Chronically Sick and Disabled Persons Act, 1970 which aimed to make Section 29 of the National Assistance Act, 1948 mandatory on local authorities, but this did not occur for reasons we examine later in the study. At the level of practice, very little improvements did occur; in 1968 the Committee on Local Authority and Allied Personal Social Services (Seebohm Report) could note that the standard and quantity of the services provided by local authorities for adults with physical disabilities varied widely⁽⁴⁰⁾ and that the problems of these adults were less widely recognised than the problems of children.

In 1982 the report 'Social Workers; Their Role and Tasks'⁽⁴¹⁾ (Barclay Report) could comment that people with physical disabilities wanted social workers to have more specialist knowledge and skills, and wanted more emphasis put on

material provision and practical help and advice (See Ch.V for further discussion of the Barclay Report).

The role of the social worker since the Beveridge Report appears to have changed very little. Younghusband⁽⁴²⁾ noted in 1959 that welfare officers for people with physical disabilities had no recognised qualifications and were appointed on the basis of their general aptitude for the work (whatever that may mean) and learned their skills on the job. Their primary functions were in relation to registration and assessment, and the referring of applicants to a General Practitioner, Hospital, DRO, Housing Manager or Voluntary organisation. They were also involved in arranging transport, in planning modifications and adaptations to homes and in advice giving. Since the war, the largest growth area in local authority social work has been in child care, not in work with people with physical disabilities.

With regard to people with physical disabilities, Younghusband⁽⁴³⁾ noted three categories of need; those with a straight-forward or obvious range of needs who would require material aid; those with more complex problems, and those with problems of special difficulty. Younghusband asserted that to meet the first category would require only a short in-service training for social workers, but to meet the second would require two years training in a local authority college. The third category, social workers to meet problems of special difficulty, would require a University casework education. Casework was therefore awarded pride of place within social work education and training, whilst giving material aid, a neglected area in the view of our respondents (see page 262) was

awarded low status. The casework approach was based on the influence of psychology and in particular, the psycho-analytical theory. Younghusband suggested⁽⁴⁴⁾ that:

'A prime tool in subsequent treatment was a corrective emotional experience through the relationship with a caseworker'

In other words, it was the applicant which had to change, not the social context.

With regard to the voluntary sector, the Committee on Local Authority and Allied Personal Social Services⁽⁴⁵⁾ anticipated that their proposed new Social Services Departments would encourage local authorities to provide the main services themselves. The role of the voluntary sector would be in the provision of day care, pilot schemes and as a 'watch-dog' on the activities of the statutory sector. In 1982 the Barclay Report⁽⁴⁶⁾ could argue that;

'While the voluntary sector will have a vital role to play with particular families, groups and areas, only the local authority departments have the responsibility and coverage for coherent social care planning'.

Therefore, although the Beveridge Report prepared the ground for improved services and attitudes towards people with physical disabilities, we can find little evidence to show either that seeds were generously sown, or that any that were sown, produced abundant fruit.

Summary

In this historical sketch we have traced the processes which shape the meaning which people with physical disabilities hold in relation to their experiences of welfare provision. These processes stem from the prevailing social theories which under-pinned Victorian values and which also appear to support present-day ideologies of welfare. The social worker lurks in the processes between theories and practice.

This historical sketch provides a back-cloth for symbolic interaction theory (the explanatory theory for this study) and provides evidence which supports the hypothesis that people with physical disabilities were not and are not treated as a deserving group in society in spite of claims to the contrary.

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CHAPTER 11

SYMBOLIC INTERACTION THEORYIntroduction

Knott⁽¹⁾ has defined symbolic interaction theory as the cognitive process by which man interacts with his social and physical environment through various tools (symbols) such as language, gestures and signs, in such a manner that he is able to incorporate the ideas of others and past experiences into his unique knowledge system and to use this information in situations which demand unique, routine and/or creative responses. We explore these ideas in this chapter.

Historical Perspective on Symbolic Interaction Theory

Manis⁽²⁾ has suggested that symbolic interaction theory emerged as a distinct perspective at the turn of the present century. It drew on a range of influential intellectual movements.

One of the earlier 18th century movements was German Idealism represented in the work of Johann Fichte, Immanuel Kant and Friedrich von Schelling. This movement gave to Symbolic Interaction Theory the important idea that people construct their worlds and their realities; they do not simply reflect and accept a reality outside of themselves.

Another 18th century movement was the Scottish Moralists of Adam Ferguson, David Hume, Francis Hutcheson, Henry Homes, John Millar, Thomas Reid and Adam Smith. These philosophers introduced the concepts of role-taking and the generalised other to Symbolic Interaction Theory through an examination of the concepts of sympathy and impartial spectator. Other ideas developed by these Scottish Moralists and in particular those developed by Adam Smith, anticipated the concepts of the 'I' and the 'Me' and the self as a social product which are basic to Symbolic Interaction Theory.

Later, Charles Darwin's theory of evolution emphasised that all human behaviour is performed in adaptation to the environment, thereby denying the possibility of random behaviour. The person and the environment are therefore an inseparable unit, mutually dependent, and the ways in which the environment affects the person is shaped, partly, by past experience. (3)

Functional psychology developed out of the theory of evolution. Writers, such as James Angell, John Dewey, William James and Charles Judd suggested that adaptive behaviour stems from thought processes; that therefore behaviour is active and not simply reactive. People do not simply react to stimuli, but select stimuli in terms of their on-going activity. In addition, people shape their environment to some extent.

Out of functional psychology came the philosophical system of pragmatism formulated by John Dewey, William James, Charles Peirce and Josiah Royce which offered the idea that people are active and creative beings, directing, to some extent, their own destinies.

William James and John Dewey, along with Charles Cooley, W.I. Thomas and, most significantly, George Mead were the early exponents of Symbolic Interaction Theory.

Meltzer⁽⁴⁾ suggests that William James ranks as one of the most underrated writers of American social psychology and draws attention to his two volume work, 'Principles of Psychology' published in 1890. Meltzer writes:

'Three of the concepts that were dealt with by James in his work proved to be especially relevant for the subsequent development of symbolic interactionism. These were 'habit', later to be popularized through the writings of J. Dewey; 'instinct', destined to become the center of controversy in sociological theories of motivation, and 'self', which was to become the focal point for the majority of works emerging from the symbolic interactionist tradition in American sociology'.

John Dewey is remembered for his work in educational reform, but in relation to the development of Symbolic Interaction Theory, he was a close friend of George Mead, and his ideas were concerned with the acquisition of thought and of the mind in society. Along with Mead, he extended the province of psychology into sociology and developed a theory which attempted

to use both individual and social aspects as the basis for explanations of human behaviour.

Charles Cooley studied at the University of Michigan under John Dewey and is perhaps best known to-day for his concepts of the 'looking-glass self', 'human nature' and the 'primary group'.

Cooley believed that any valid explanation of society had to account for both its organic and its mental natures. He thought that, as a structure, society took on the properties of an organism and was therefore to be explained in terms of its organic nature, whilst as a social organisation, society existed only in the minds of individuals and therefore had to be explained in these terms. There is, according to Cooley, no 'mind' of society, but many different minds which exist through a sharing of expectations and patterns of behaviour. He explained the role of interaction as that of mediating between the environment and the individuals involved.

The concept of the 'looking-glass self' derived from the notion that people develop feelings about themselves from imagining the reaction of others to them; the concept of 'human nature', Cooley stressed, developed from interaction in 'primary groups' which he defined as intimate face-to-face associations which are fundamental in forming the social nature of individuals⁽⁵⁾. He emphasised the importance of life in primary groups in the formation of the 'self'.

These three concepts, 'the looking-glass self', 'human nature', and the 'primary group' underlie his work on the nature of the relationship between the individual and his society.

W.I. Thomas contributed two major ideas to Symbolic Interaction Theory. First, with regard to 'defining the situation', his ideas developed from Cooley; he suggested that stimuli confronting a person has no fixed quality but has to be reflected upon, interpreted and acted upon by the individual. Second, he argued that 'defining the situation' is an on-going process which allows for a redeveloped 'self'; our 'self' is not formed once and for all in childhood. His ideas can be summed up in his frequently cited slogan that 'If men define situations as real, they are real in their consequences'.

The most significant contributor to Symbolic Interaction Theory was George Mead. Manis⁽⁶⁾ summarises Mead's position thus; the human being is born into a society characterised by symbolic interaction, and the use of significant symbols by those whom he meets are at first meaningless, but soon become understood and are reciprocated enabling the individual quickly to take the roles of others. From this role-taking, the 'self' develops allowing him to view himself from the standpoint of others, and to develop meanings to which he attaches, and defines objects. Mead's concepts intertwine and mutually imply one another, for he argued that human society both precedes the rise of individual selves and minds, and is maintained by the rise of individual selves and minds. Symbolic interaction therefore allows the

individual room for development and opportunity for association.

Of course, Mead is not without his critics, and Meltzer⁽⁷⁾ has noted that these criticisms can be examined under three general standpoints. First, he draws our attention to the range of concepts which are 'fuzzy' and vague and which require an intuitive grasp of their meaning; such concepts being meaning, mind, role-taking, the 'I', self, generalised other, object, image and symbol. Meltzer claims that these, and other concepts, are not employed by Mead with the consistency required of scientific explanation.

Second, Meltzer suggests that a series of criticisms centre around broad substantive omissions in the theory of symbolic interactionism; these omissions derive from the fact that Mead's framework is one of 'form' which is devoid of 'content'. In particular, the emotional and unconscious elements in human conduct are ignored.

Third, he suggests that Mead's theory gives rise to methodological problems; the framework does not easily produce a research design. Mead gives no clearcut prescriptions for general procedures or specific techniques for research.

However, we have to keep in mind that Mead did not systematically write-up his arguments for publication, and numerous social

psychologists have been influenced by this viewpoint. Such social psychologists as Cooley, Blumer, Kingsley Davis, Lindesmith, Strauss, M.Sherif, T.Newcomb and others⁽⁸⁾. These criticisms are of Mead and not of Symbolic Interaction Theory generally; these more general criticisms we examine in detail later in the study (see page 89.)

Modern Schools of Thought in Symbolic Interaction Theory

Warshay⁽⁹⁾ has identified a number of schools of thought in relation to Symbolic Interaction Theory, namely the Blumer school which emphasises subjective aspects of the theory (the approach on which this study is based), the Iowa school which stresses self-theory and positivistic methodology, a school which places an emphasis on interaction and a de-emphasis on language, a role-theory school with a cognitive emphasis within a moderate scientific tradition, the dramaturgical school (of Goffman) which emphasises the importance of roles and self-manipulation, the field-theory school of Mead, Lewin and Lundberg, an existential school, and finally ethnomethodology which stresses the complexity and fluidity of the network of social life. What distinguishes these different schools, one from the other, are the different conceptions of the central ideas of Symbolic Interaction Theory; all schools emphasise the meaning element in everyday activities.

In addition to these schools, Kuhn⁽¹⁰⁾ has also identified a

range of related theories to Symbolic Interaction Theory, for example, reference group theory, inter-personal theory, phenomenological theory and self-theory.

For our purposes, we select four schools of Symbolic Interaction Theory for examination because, as varieties of this theory, they all share the same crucial basic idea that human beings construct their realities in a process of interaction with other human beings. These four schools are the Chicago school represented by Blumer (on whose work, this study is largely based), the Iowa school represented by Kuhn, the Dramaturgical school represented by Goffman and the Ethnomethodological school which developed from the work of Garfinkel.

It was Blumer who first used the term 'Symbolic Interaction' and he writes⁽¹¹⁾;

'The term 'symbolic interactionism' is a somewhat barbaric neologism that I coined in an offhand way in an article written in Man and Society (Emerson P.Schmidt, Ed New York: Prentice-Hall, 1937). The Term somehow caught on and is now in general use.'

The basic premises of all four schools are described by Blumer. The first premise is that human beings act toward things on the basis of the meanings that the things have for them. Blumer writes⁽¹²⁾:

'Such things include everything that the human being may note in his world - physical objects such as trees or chairs; other human beings, such as a mother or

a store clerk; categories of human beings such as friends or enemies; institutions, as a school or a government; guiding ideas, such as individual independence or honesty; activities of others, such as their commands or requests; and such situations as an individual encounters in his daily life.'

The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows.

The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters.

These premises are what distinguishes Symbolic Interaction Theory from other theoretical approaches. Blumer emphasises that to ignore the first premise (meanings) would falsify the behaviour under study; but other theoretical approaches give primacy of place to 'meaning'. It is therefore the second premise which differentiates Symbolic Interaction Theory from all other approaches. The traditional approach to meaning is that this resides in the 'thing' itself, for example a chair is a chair. Or meaning is derived from psychological elements in the observer. By accounting for meaning as arising out of the process of interaction; that the meaning of a thing for a person grows out of the ways in which other persons act toward the person with regard to the thing, Symbolic Interaction Theory defines meanings as social products.

The third premise draws attention to the importance of interpretation of meaning. Blumer⁽¹³⁾ notes:

'The actor selects, checks, suspends, regroupes and transforms the meanings in the light of the situation in which he is placed and the direction of his action.'

Based on these three premises, Blumer⁽¹⁴⁾ argues that Symbolic Interaction Theory has developed a distinctive analytical scheme of human society and human conduct, grounded on a number of basic ideas or 'root images'. These basic ideas or 'root images' refer to the nature of:

1. Human Groups or Human Societies
2. Social Interaction
3. Objects
4. The Human Being as an Actor
5. Human Action
6. The inter-connection of Lines of Action

Taken together they represent the way in which the Chicago School of Symbolic Interaction Theory (as presented by Herbert Blumer) views human society and human conduct, and they indicate the kind of research framework which might be developed for study and analysis.

Blumer explained and developed these basic ideas or 'root images' in some detail, and we have attempted take account of his ideas in the study (see Chapter VI and in particular, the 'Conclusions').

The first basic idea or 'root image', human group life or human societies, Blumer viewed as consisting of human beings engaged in action, this action encompasses all the activities individuals perform in their lives as they encounter each other and deal with the situations facing them. Individuals may act singly or collectively or on behalf of an organisation, but the activities belong to the individuals who respond according to the meanings they attach to a particular situation. Action is the key idea here, because Symbolic Interaction Theory is primarily concerned with people engaging in action.

The second root image is linked to the first in that the basis of action is interaction. Society consists of individuals interacting with one another, and social interaction is viewed as a process that forms human conduct, and not simply a means, or a setting, for the expression or release of human conduct. Blumer⁽¹⁵⁾ suggests that interacting human beings take account of what each other is doing or about to do, and fit their action to the action of others. Blumer, following Mead, distinguished two levels of social interaction, non-symbolic, which is a spontaneous reflex response to another, and symbolic interaction, which involves interpretation before action. Thus Symbolic Interaction Theory views human group life as a formative process, and not simply an arena for the expression of pre-existing factors.

Objects, the third root image is classified by Blumer into three categories. First, physical objects, such as chairs or apples or

trees; second, social objects such as students, friends, or relatives; third, abstract objects such as moral principles or ideas like justice or goodness. The meaning which the object has for the individual guides the way that he will act towards it. Other individuals in the society may hold the same or different meanings for the same object. Individuals have to cope in a world of objects, and this world may be different for different individuals, although there is likely to be a range of general agreement, at least between similar groups. Thus to understand the action of people it is necessary to understand their world of objects.

The fourth root image recognises that human beings must have the ability to take part in social interaction; they need to possess what Mead called a 'Self', which means that an individual must have the ability to view himself as an object. For example, if he recognises himself as a young man, he can interact on the basis of this object. By viewing himself from the outside he can see himself as others see him and can thus take the role of others, and he may modify himself as an object. Blumer writes⁽¹⁶⁾:

'This interaction is not in the form of interaction between two or more parts of a psychological system, as between needs or between emotions, or between ideas, or between the id and the ego in the Freudian scheme. Instead, the interaction is social- a form of communication, with the person addressing himself as a person and responding thereto.'

Fifth, action on the part of an individual consists of taking

account of his wishes, wants, objectives and the available means of meeting them, the actions and anticipated actions of others, his image of himself, and the likely result of a given line of action.

Finally, inter-connection of lines of action implies joint action composed of diverse individual or group acts which may be viewed in total. Marriage is a good example. It is important to keep in mind that joint action is inter-connected acts of individual participants which are in a constant state of formation or re-formation through interpretation by the participants. Where action is well established and repetitive, participants may use the same meanings, but it is the social process in group life which creates and upholds these meanings, not the meanings that create and uphold group life, and participants bring with them the sets of meanings and the schemes of interpretation that they already possess. Thus a social process implies a history. (We return to these important issues later - see p.151)

These root images, then, sketch out the general perspective of Symbolic Interaction Theory, and we refer to them again later on (see page 84f) in a general discussion of the Theory and again (see page 139f) when we examine our own methodology.

Our second school of Symbolic Interaction Theory is the Iowa school which reflects the work of Kuhn. Meltzer⁽¹⁷⁾ suggests

that an important difference between the Iowa school and the Chicago school raises the question of whether human behaviour is free or determined. Following Mead, Blumer views the self as composed on two analytically distinguishable elements, the 'I' or the impulse, and the 'Me' or the socialised element. Thus, for Blumer there is an unpredictable, indeterminate dimension to behaviour. This is rejected by the Iowa school. In Kuhn's writings there appears to be no specific recognition of either impulses or the 'I' and 'Me' elements of the self. For Kuhn, behaviour is socially determined by the actor's self-definitions. Meltzer writes⁽¹⁸⁾:

'Thus the self becomes a Me exclusively, and conduct is held to be wholly predictable (in principle) on the basis of internalised prescriptions and proscriptions.'

In Kuhn's view, if the actor's reference groups are known, then his self-attitudes and behaviour can be predicted.

The Iowa school therefore stresses the structural conception of both the self and society; the more or less preset attitudes and responses of the self and human interaction. There is no importance given to process here. Social Order is maintained through ready-made patterns of role prescriptions. Between the Iowa school and the Chicago school is the opposing conceptions of the processual and structural models of human social life.

Summarising the issues dividing the Chicago and Iowa schools of Symbolic Interaction Theory, Meltzer writes⁽¹⁹⁾:

'Blumer commences with a depiction of human behavior and interaction as emergent, processual, and voluntaristic, entailing a dialogue between impulses and social definitions, in the course of which acts are constructed.....

Oppositely, Kuhn begins with a scientific concern.....this concern brings him to an acceptance of a basically deterministic image of human behaviour.'

These dividing issues result in different research methodologies; for Blumer, his conception of human interaction dictates his methodology, whilst for Kuhn, his belief in scientism and determinism dictates his conception of human interaction. We now review these methodologies.

Methodology; the Iowa and Chicago schools

Using primarily the Twenty Statement Test (TST) which consists of a simple question, 'Who Am I?' to be answered with twenty statements, Kuhn and his followers have conducted a range of rigorous empirical research on self and self-concept. The TST was developed by Kuhn⁽²⁰⁾ to transform the concepts of Symbolic Interaction Theory into variables that might be used in generating and testing empirical propositions. His writings repeatedly required that concepts be defined operationally for methods which would meet the usual scientific criteria; he argued for a standardised, objective and dependable process of measurement. For example, the

self may be operationally defined through the use of the TST. Kuhn rejected as unfeasible attempts to get 'inside' the individual as suggested by Blumer. Blumer, in striving to make society understandable lays much stress on the need for the researcher to feel his way inside the experience of the respondent; he argues that the researcher must see the world as the respondent sees it, and he suggests data collection methods such as life histories, case studies free and non-directive interviews, diaries and letters. Only by intimate association with those who are being studied can the researcher enter their inner worlds. Blumer criticises the experimental, quantitative methodologies and the data collection methods of questionnaires, tests and laboratory procedures on the basis that they fail to catch the meanings which determine how individuals respond to objects and situations. For Blumer, human beings act on the basis of their interpretations or meanings and it is therefore essential to understand these meanings in order for the researcher to understand and explain their conduct. No amount of observation from the 'outside' will provide these understandings and explanations. To study the social world, Blumer argues for sensitizing concepts as opposed to operational definitions of concepts. Meltzer writes⁽²¹⁾:

'Contrasting conventional scientific ('definitive concepts') with sensitizing concepts, Blumer asserts that the former provide prescriptions of what to see, while the latter merely suggest directions along which to look.'

We base this study on Blumer's methodological ideas (see page 67). We explain why at the end of this chapter (see Page 83).

Our third school of Symbolic Interaction Theory is the Dramaturgical school of Goffman which is closer, both theoretically and methodologically to the Chicago school than to the Iowa school. Goffman departs from Blumer when he argues that when human beings interact, each desires to manage the impression the others receive of him. Each individual puts on a 'show' for the other(s). Goffman⁽²²⁾ writes:

'The perspective employed.....is that of the theatrical performance; the principles derived are dramaturgical ones.'

Thus people in interaction give 'performances' during which they act 'parts' or 'routines' which make use of a 'setting' and 'props'; in addition there is both the 'front region' (scene) and the 'back region' (hidden from the 'audience!'). The outcome from each 'performance' is a knowledge of the actor by the audience. The actors therefore control the impressions they give (for a variety of reasons) but they do not always succeed, and in this respect, Goffman writes of 'Embarrassment',⁽²³⁾

Goffman reminds us that the norms governing social behaviour go un-noticed because they are taken for granted; he suggests that embarrassment, self-consciousness, faux-pas, scandals etc remind us of these norms. Meltzer suggests⁽²⁴⁾ that Goffman's predecessors are Mead, Dewey, Cooley and Thomas, but these

writers gave little, if any, attention to impression management.

Meltzer⁽²⁵⁾ has been particularly critical of Goffman's work by suggesting that there is no explicit theory there, only a loosely-organised frame of reference. Meltzer further argues that Goffman shows little interest in explanatory schemes:

'but masterful descriptive analysis; virtually no accumulated evidence, but illuminating allusions, impressions and anecdotes and illustrations; few formulations of empirically testable propositions, but innumerable provocative insights. In addition, we find an insufficiency of qualifications and reservations, so that the limits of generalisations are not indicated.'

Denzin⁽²⁶⁾ also suggests that Goffman:

'Gives man an unattractive motivational commitment - that is, to ever win support for a presented self.'

Deutsch & Krauss⁽²⁷⁾ support this view, whilst Messenger⁽²⁸⁾ argues that Goffman describes a 'mental patient' and not a natural person.

Blumer⁽²⁹⁾ has also made some criticisms of Goffman's work, and, in particular to the fact that Goffman limits his comments to face-to-face association and to the interplay of personal positioning to the exclusion of asking what people are actually doing. In other words, Blumer is claiming that Goffman does not give attention to meaning or to the context in which positioning occurs, and we would agree with Blumer here.

However, in support of Goffman, Truzzi⁽³⁰⁾ suggests that the dramaturgical school does not intend to reflect a theoretical position, but is primarily a methodological device similar in purpose to Weber's 'ideal-type', that is, an aid to understanding.

Along with Collins & Makowsky⁽³¹⁾, we also acknowledge Goffman's work for giving a central position to interaction in real-life situations in society and in particular, to the presentation of 'self'.⁽³²⁾ We draw on his ideas in this study (see, for example our discussion of 'passivity', Table 104, page 260)

Our fourth and last school of Symbolic Interaction Theory is the Ethnomethodological school which developed out of the work of Garfinkel in the 1960's.⁽³³⁾ Many writers have drawn attention to the common aspects of,⁽³⁴⁾ and the differences between⁽³⁵⁾ ethnomethodology and Symbolic Interaction Theory. Cuff and Payne⁽³⁶⁾ note that on the surface, the concerns of ethnomethodology are similar to Symbolic Interaction Theory; both regard interpersonal social interaction as a principal concern, viewing social interaction as:

'consisting of meaningful communicative activity between persons, involving mutual interpretive work'

It is also interactionist in its focus on persons, language and social encounters, yet can be viewed as another

sociological perspective because it asks questions and investigates the social world on the basis of different assumptions from those made in the interactionist perspective and: (37)

'In so doing, uses a different conceptual framework'.

Ethnomethodology is concerned with the requisites of social order at the cultural level; in particular with the structure of the shared and tacit rules and knowledge that make stable social interaction possible. For Garfinkel, the social world is not held to-gether by the 'role of a mutuality of gratification' (Talcott Parsons⁽³⁸⁾) or by shared moral values; nor even, with reference to Durkheim⁽³⁹⁾ by a morality tinged with the sacred which he called the 'collective conscience'. Rather, Garfinkel views the social world as held to-gether by a secularised social conscience, a collective structure of tacit understandings which he called 'Members Practices'. Like Goffman, Garfinkel tends to focus on everyday life and routine activities for he regards people as the creators of the meanings and understandings of each others activities.

Viewing social reality as created and maintained in ordinary social interaction, Garfinkel seeks to understand social situations from the way that they appear to the people who live them, but he is also concerned with the way in which definitions of social reality become established, with the rules by which meanings are created and sustained, and for him, the

proper study of sociology is these rules. Garfinkel, and other proponents of the ethnomethodological school, take issue with all other sociological schools in claiming to study what these other schools either take for granted or ignore, namely the detailed study of the common-sense methods by which everyone makes sense of their social world. Proponents of the ethnomethodological school argue that these rules are the irreducible level of human behaviour on which all other aspects of social interaction is built and on which social reality becomes defined and established.

Garfinkel suggests that in social interaction, people aim to achieve a smooth flow of social intercourse, but that this has to be worked at because it is not natural or inevitable. Routine social activity is not a simple procedure; it is achieved only by all parties working hard throughout the social interaction and applying a complex set of rules in order to sustain the reality of the situation. When these rules are not applied, social interaction begins to disintegrate. However, in the view of the ethnomethodological school, the security of the social world rests on the invisibility or, as Garfinkel puts it, the 'taken-for-grantedness' of the rules.

Garfinkel is therefore concerned with demonstrating the existence of these rules and their role in providing a secure background for social interaction. In the experiments conducted by him, these rules are made visible when they

quickly loose their hold and influence. For example, Gouldner notes⁽⁴⁰⁾:

'Students are instructed to engage friends.....in ordinary conversation and, without indicating that anything special is afoot, to pretend ignorance of everyday expressions: "What do you mean she had a 'flat tire'?" "What do you mean, 'how is she feeling'?" Undergraduates are assigned the task of spending time with their families, all the while acting as if they were boarders in their own homes. Again, students are instructed to engage someone in conversation and, while doing so, to assume that the other person is trying to trick or mislead them.'

Gouldner notes that the reaction of the 'victims' is often pained responses such as irritation, anger, embarrassment or bewilderment.

Clearly, Garfinkel is not without his critics! Denzin⁽⁴¹⁾, for example, has claimed that the ethnomethodological school ignores relationships between individuals and larger social units, a view supported by Cuff & Payne⁽⁴²⁾ who note:

'Ethnomethodology is seen to be no more than a study of microscopic social processes usually resulting in a consideration of 'trivial' matters.'

Thus the school is criticised for producing statements about the social world from highly context-specific social situations.

Denzin has also criticised ethnomethodology for giving

no explanations to account for 'taken-for-granted' assumptions in interaction, and that the school fails to indicate clearly the true source(s) of those definitions and meanings which are claimed to be crucial to an understanding of human behaviour.

These criticisms have been countered by proponents of the ethnomethodological school; Dreitzel⁽⁴³⁾, for example, has suggested that:

'Ethnomethodology tends to cut off all macrosociological considerations for the time being in order to concentrate on the basic rules of everyday communication and interaction.'

Dreitzel argues that until human beings understand each other, all further sociological inquiry will be useless. Cuff & Payne⁽⁴⁴⁾ note that phenomena like 'power', 'socialisation' and 'stratification' are produced through everyday interactional situations and do not exist externally and independent of what members of society actually do in face-to-face interaction. In comparison with Goffman and the Dramaturgical school which attempts to study the 'drama' which people experience in self-presentation in social interaction, the ethnomethodological school deliberately inflicts problematical situations onto people (see page 80 regarding ethnomethodological experiments).

With regard to Denzin's criticisms of the lack of explanation, the declared aims of the ethnomethodological school are to 'describe' rather than to 'explain',⁽⁴⁵⁾ and to construct

theories, a view confirmed by Gouldner⁽⁴⁶⁾;

'Unlike Goffman, Garfinkel takes no sensuous delight in the world of appearances.....The task Garfinkel sets himself is to destroy this taken-for-grantedness and to strip the cultural foundation of its cloak of invisibility. He is not engaged in locating the familiar commonplaces within the framework of some theory thereby to endow it with deeper meaning and enrich experience with it.....Garfinkel aims, primarily, at baring and unmasking the invisible commonplace by violating it in some manner until it betrays its presence.'

Of the four schools of Symbolic Interaction Theory examined here, we selected the Chicago school, represented by the work of Blumer, on which to base this study. There were several reasons for this decision.

We noted earlier (see page 73) that an important difference between the Iowa school and the Chicago school of Symbolic Interaction Theory, raises the question of whether human behaviour is free or determined. The Iowa school stresses the structural conception of both 'self' and society, whilst for the Chicago and Blumer, human behaviour is free and processual, and the researcher, in obtaining his data, has to feel his way inside the experiences of the respondents in order to understand the world from the respondent's perspective. In this study, we seek to explain and

understand the world of our respondents and our conceptual framework therefore required a qualitative as opposed to a quantitative research design.

We thus rejected the approach of the Iowa School, and, likewise, although we have drawn on the ideas of the Dramaturgical and Ethnomethodological Schools (see for example our discussion of 'passivity', page 260f), we did not base the study wholly on the work of either Goffman or Garfinkel because (as we have indicated in this chapter) both writers seek to 'describe' as opposed to providing an explanatory framework as an aid to understanding symbolic interaction.

Modern Symbolic Interaction Theory; Premises, Root Images, Concepts and Criticisms (with particular references to Mead and Blumer)

Our examination of the work of Mead (see page 64) and Blumer (see page 67f) identified the central concepts in Symbolic Interaction Theory. These are 'Self', 'Role-Taking', 'Meaning', 'Interaction' (or process) and 'Reference Group'.

Knott⁽⁴⁷⁾ has suggested that the major organising concept of Symbolic Interaction Theory is the 'Self' and that Mead, in declaring that the human being has a self, referred to the fact that human beings can be the objects of their own actions. The possession of a self enables the individual to view himself

as an object and is thus able to bring about changes in himself. Therefore, individuals have inner experiences which may or may not reach overt expression; inner experiences implies having a 'mind', and the individual is able to control his behaviour instead of being subject to impulses in a stimulus-response relationship.

Blumer⁽⁴⁸⁾, following Mead, views the 'Self' as involving two distinguishable aspects, the 'I' and the 'Me'. The 'I' is the impulsive, spontaneous, unorganised aspect of human beings, is unrestrained and undirected. An example of the 'I' in action is the spontaneous response to hitting one's head! The 'I' may therefore be viewed as a kind of instinct.

The 'Me' derives from interaction, according to Blumer, and represents the attitudes and ideas prevailing in a significant group. Acts, in Blumer's view, begin with the 'I' and end with the 'Me' which provides direction, and acts are not totally determined by the facts which precede them. The 'Me' allows time for reflective thought, unlike a stimulus-response relationship.

Mead also noted the importance of 'reflective thought' in Symbolic Interaction Theory, first because it enabled the individual to give 'meaning' to objects (or give an interpretation), and second because it enabled the individual to respond in a complex (thoughtful) way.

Therefore, we 'are what we are' because of the society in which we live, and not because of 'human nature'. For Mead, the 'self' is not in the grip of social forces although it may reflect these forces; the 'self' is an active agent meeting and shaping its environment in a reciprocal way. A view that social arrangements are immutable because they reflect something inherent in 'human nature' finds no support in Symbolic Interaction Theory.

Our second concept, 'role-taking' refers to the process by which an individual imagines how the recipient of his communication (of whatever kind) understands that communication. Mead has suggested that interaction is made possible through a process of 'taking the role of the other', which means, seeing the world as others see it. Mead argues that individuals can 'take the role of the other' easily, almost on an unconscious level, and in most interactions this activity is taken for granted. It is not until we interact with an 'unusual' person, for example, a 'foreigner', that we can no longer 'take it for granted'. If individuals anticipate others' responses incorrectly, interaction is threatened with breakdown. In normal interaction each person is able to attribute appropriate meaning to the words and gestures (symbols) of others. Role-taking therefore provides a basis for interaction.

'Meaning', our third concept, has been defined by Oliver (49)

as not solely the product of individual consciousness, but arrived at as a result of interaction with significant and generalised others. An individual's definition of a situation contributes directly to the construction of any action; through previous interaction, individuals develop and acquire common understandings or definitions of how they might act in given situations.

Related to this concept, 'interaction' or 'social process' rests on the experiences which people have resulting from a negotiated (not a pre-determined) journey based on the meanings they apply in interaction. 'Interaction' or social process therefore has an historical dimension, a dimension which contributes to this meaning. Knott⁽⁵⁰⁾ has suggested that 'social process' also contributes, through negotiation, to structural changes in society, presenting a dynamic concept as opposed to a Parsonian structural-functional concept of society.

Finally, the concept of 'reference group' has been defined by Shibutani⁽⁵¹⁾ as that group whose perspective is used by an individual as his frame of reference; he defines his behaviour in terms of his expectations of others. Interactions with close friends, professional workers and the public at large (significant and generalised others), influence the meanings which are given to this interaction, in positive and/or negative ways. Clearly then, the concepts of 'reference group' and 'role-taking' are closely related.

In our study, we accepted the existence of a 'self' and therefore

accepted that respondents were able to make judgements about their social situation, and in particular, their experiences of a social services department. We also acknowledged that respondents engage in 'role-taking' and that they understood, through life experiences of interaction with both people having physical disabilities and people without these disabilities, the roles they were expected to adopt in society. 'Meaning' for respondents grew out of this interaction, and we expected them to negotiate their passage through a social services department. We used the concept of 'career' as an aid, and an historical sketch as a context, to an understanding of process. We also explored the suggestion by Knott⁽⁵²⁾ that this kind of process can contribute to structural changes in society. We attempted to relate the concept of 'reference group' to societal values, the influence of social workers and peer group influences, and to notions of generalised and significant others.

We have attempted to demonstrate briefly here that key concepts in Symbolic Interaction Theory are closely tied to Blumer's three premises and to his 'root images' (see page 67f) and that we have taken account of these facets in the conceptual framework for this study and also in the research design and methodology (see Chapter 11 for further discussion of these facets).

Symbolic Interaction Theory is not without its critics. We

presented earlier (see page 66f) criticisms of three schools of Symbolic Interaction Theory (namely the Iowa, Dramaturgical and Ethnomethodological schools), and we now examine criticisms of Symbolic Interaction Theory, generally, but with particular reference to the Chicago School, and the writing of Herbert Blumer who continued the 'classical Meadian tradition' (53)

Drawing on the work of Brittan, Block, Denzin, Hall, Kuhn, Maines, Manis, Meltzer, Roper, Rose and Smith⁽⁵⁴⁾, we note that the major criticisms of Symbolic Interaction Theory can be classified into five categories, namely the nature of the concept of 'self', the omission of an emotional dimension of human behaviour, scant attention paid to history, scant attention paid to social structure, and fifthly, methodological problems.

We examine methodological criticisms later (see Chapter 111); here we begin with an exploration of the criticisms of the concept of 'self' which we examined in some detail earlier (see page 84f), and also noted some criticisms of the concept as defined by Mead (see page 65). Denzin, Kuhn and Kolb⁽⁵⁵⁾ have commented on the ambiguous nature of the concept and in particular, suggested that it lacks the consistency required of scientific explanation. Meltzer⁽⁵⁶⁾ also comments on the ambiguity of the extent to which human behaviour is 'determined' as opposed to its being 'determining'.

Meltzer answers these criticisms of the concept by suggesting that there are two views within Symbolic Interaction Theory, namely the Kuhn or Iowa school view and the Blumer (from Mead) or Chicago school view. Meltzer supported by Reynolds et al⁽⁵⁷⁾ argues that in each of these two schools, writers hold clear and consistent definitions of the concept of 'self', with the Iowa school viewing the person as holding 'multiple selves', and the Chicago school viewing the person as holding a unitary (single)'self'. The multiple view notes that the person has as many selves as there are people or groups whose opinions he cares about, whilst the unitary view notes that the 'self' operates as a particular kind of process.

We discussed earlier why we rejected the Kuhn school for the purposes of this study (see page 83), and now it becomes clear why the unitary view held by the Chicago school was the appropriate model; we based our interviews on the understanding of 'self' as a unitary model, and we were therefore able to give 'pride of place' in the study to the views of our respondents.

The existence of two disparate views on the nature of 'self' does not constitute a problem for us, because, theoretically speaking, we hold both approaches in equal merit. We chose one as opposed to another explanatory approach for this study but this kind of choice appears to us to be largely a matter of opinion and interest. We also accept, along with Meltzer

and Reynolds et al above, that the unitary concept of the 'self' as defined by Blumer is unambiguous and consistently used; quite adequate for the purposes of this study.

The second category of criticism of Symbolic Interaction Theory concerns the omission of an emotional dimension of human behaviour, and in particular criticisms by Brittan⁽⁵⁸⁾ regarding the 'unconscious', and 'motivation' by Denzin⁽⁵⁹⁾. Brittan regards Symbolic Interaction Theory as having ignored human needs, motives, intentions and aspirations, and, along with Denzin, the human 'unconscious'. The nearest writers come to the unconscious are occasional references to levels of consciousness⁽⁶⁰⁾. We noted earlier (see page 86) in our discussion of the concept of 'role-taking' that Mead suggested that individuals can take the role of the other, almost on an unconscious level, and a little out of context, we also noted in our discussion of ethnomethodology that an aim was to make 'visible' taken-for-granted rules (see page 80). Meltzer also argues that the importance of the concept of 'role-taking' in Symbolic Interaction Theory has led to a focus on 'shame', 'embarrassment' and 'self-feeling'⁽⁶¹⁾, and he suggests that:

'There seems to be no reason to assume.....that interactionism is notcapable of dealing with.....emotions.'

The early exponents of Symbolic Interaction Theory, for example, Cooley, James and Dewey (see page 62) examined a wide range of emotions, but their ideas have not been developed

by contemporary writers. In this study, we have given particular attention to 'consciousness' and 'passivity' among other emotional concepts (See Chapter VI, and in particular, the 'Conclusions' as an example here).

The third category of criticism of Symbolic Interaction Theory concerns the scant attention paid to history. Stone⁽⁶²⁾ has argued that the theory must, by virtue of its conceptual character, take the historical perspective into account. Block, Smith and Ropers⁽⁶³⁾, however, all claim that only rarely are research problems linked to their historical origins. Smith suggests that, focussing on imputed definitions as though they were autonomous from the social and historical conditions in which they exist, results in a meaningless approach, whilst Ropers has noted of Mead and his followers, that the activities they see people engaged in, are not historically determined relationships of continuity, but are generally viewed as episodes, interactions, or isolated encounters. Blumer⁽⁶⁴⁾ has also drawn attention to the noticeable neglect of historical linkage which results in research issues being cut off from the background out of which they grew. Day and Day⁽⁶⁵⁾ have made similar observations.

Stone⁽⁶⁶⁾ has also drawn attention to research underpinned by Symbolic Interaction Theory, which has attempted to translate 'process' into historical terms, and he quotes Becker as a typical writer here (see the 1967 research article by Becker⁽⁶⁷⁾).

Denzin⁽⁶⁸⁾ and Lankford^(68a) have indicated the importance of an

historical analysis which becomes apparent in the work of Loftland, Albrecht & Levy, Denzin, Fisher and Roth⁽⁶⁹⁾.

We noted earlier (see page 87) in our discussion of the concept of 'interaction' (or 'social process'), that this concept has an historical dimension which is particularly relevant to the development of 'meaning'. The concepts of 'self' and 'reference group' also have historical connotations.

In this study, we used the concept of 'career' as an aid, and an historical sketch as a context, to an understanding of process and history, and they form an important part of our 'discussion' and 'conclusions' (see chapters V and VI) and of our methodology (see chapter III).

Our fourth category of criticism of Symbolic Interaction Theory concerns the claim that scant attention is paid to social structure and social organisation. Gouldner⁽⁷⁰⁾ has suggested that Symbolic Interaction Theory either ignores, or has a faulty conception of, social structure and social organisation. What Gouldner appears to have in mind here, is that the theory sometimes approaches problems in a narrow, microscopic fashion. If sociology is concerned with the regularities of human behaviour, with large-scale social forces and historical processes, then issues of day-to-day behaviour and face-to-face interaction are trivial and present faulty conclusions by ignoring the influence of institutions, moral structures and class struggle. Much

American sociology, for example, has focused on structural-functional analysis and on historical and comparative studies which emphasise social systems and stress the role of larger units in the shaping of smaller units; in this respect, 'power' becomes a key issue, and Symbolic Interaction Theory has been criticised for ignoring the concept of 'power'

Kanter⁽⁷¹⁾ has claimed that the theory has a limited view of the nature of social power; any study of human interaction should take account of the social structures in which the interaction occurs and acknowledge the constraints on the interaction process. Shaskolsky⁽⁷²⁾ has also drawn attention to the role of the Negro in American society, and asks what effect the possession of a black skin might have on smooth interaction. Clearly, some men are more equal than others in interaction.

Equally, Lichtman⁽⁷³⁾ notes the importance of context in relation to 'interpretation', and he particularly refers to the relevance of class structure, and the influence of dominant institutions on interpreted meanings.

It is certainly true that the works of many symbolic interactionists ignore social structure and/or social organisation, but the blame (if blame it is) for this omission lies with the writers and not with the theoretical framework. Symbolic Interaction Theory is not necessarily

microscopic. Blumer⁽⁷⁴⁾ in his essay, 'Society as Symbolic Interaction' focuses on the distinctive character of human relationships, and the learned ability of human beings to construct and share their social worlds. He links this focus with a microsociological approach to understanding human society. Also, in his article, 'Sociological Implications of the Thought of George Herbert Mead'⁽⁷⁵⁾, Blumer attempts to erect a total theory of society on the basis of Symbolic Interaction Theory.

Blumer (from Mead) argues that people have a 'self' which intervenes between external influences and behaviour. People therefore have some kind of choice in the way that they behave. But the social world does not consist of individual random acts; all these acts are fitted together through the processes of symbolic interaction to give unity and coherence to social life. Some interactions are more intricate and numerous, such as occur within institutions and organisations. Blumer referred to these as 'joint actions' (see his sixth Root Image, page 69). Blumer suggests:

'A society is seen as people meeting
the variety of situations that are
thrust on them by their conditions
of life'

These situations are met by working out joint actions in which people have to 'match' their acts to each others; people interpret each others acts, and also indicate how acts should be made. Through a process of interpretation and definition, joint actions are built up; Blumer referred to

this process as a 'career'. Blumer suggests that Mead saw human society in this way; as a social process in which people are engaged in forming joint actions to deal with the situations confronting them. This view has particular relevance for this study and the role of people with physical disabilities in our society.

Contrasting the interactionists' view of society with a systems perspective, Blumer noted, with regard to a systems approach, that society is structured, and that human behaviour is determined by this structure, and is marked by two general categories, conformity (adherence to the structure) and deviance (departure from it). Because of the central position and determinative nature of this social structure, it necessarily becomes the object of sociological study.

In contrast, Mead views society as people meeting their conditions of life, not as established structure. He saw interaction between parts of society, not as a direct exercising influence by one part on another, but as mediated throughout by interpretations made by people; he viewed society, not as a system, but as a vast number of occurring joint actions.

Blumer also contrasted the interactionist view with consensus theory.

Instead of viewing society as a vast number of occurring

joint actions, consensus theorists regard common values as the unifying aspect of society; conflict between values creates disunity, disorder and instability.

However, in Blumer's view, joint action in Symbolic Interaction Theory, may take place for any number of reasons and need not involve the sharing of common values. These reasons might be related to 'compromise' or 'mutual advantage' or 'the sensible thing to do' or 'sheer necessity'. Blumer suggests that in very large measure, society becomes the formation of workable relations.

Thus the symbolic interactionist rejects both collective determinism and biological determinism. The Negro in Shaskolsky's example (see page 94) has a choice of actions inspite of being in a powerless, or less powerful position.

Stone⁽⁷⁶⁾ suggests that most modern symbolic interactionists feel comfortable discussing power arrangements and social structure, although it is interesting that Cuff & Payne and Meltzer⁽⁷⁷⁾ draw attention to the many studies conducted by symbolic interactionists which have been sympathetic to the plight of those low down in organisational and social hierarchies; this study is another such contribution.

However, there appears to have been little written by symbolic interactionists on political processes and structures. The most significant writers in this area being Hall,

Brooks and Rose⁽⁷⁸⁾.

Maines has written of 'Social Organisation and Social Structure in Symbolic Interactionist Thought'⁽⁷⁹⁾ and acknowledges a wide range of interactionists' works on this aspect of the theory. He suggests that:

'Through communication processes, people transform themselves and their environment and then respond to those transformations'

and he argues that this paraphrase defines the central thrust of symbolic interaction theory, and does not exclude or deny the existence of phenomena such as social class, social institutions, power structures, international relations or social stratification, features generally included in a consideration of social organisation and social structure. Indeed, he draws attention to Mead's argument that human conduct cannot be properly understood unless the social organisational matrices in which conduct takes place are first understood.

Clearly, then, Symbolic Interactionists have given attention to problems and aspects of social structure and social organisation; criticisms from other theorists should therefore be focused on how these aspects have been researched. There is nothing inherent in the theory that precludes an analysis of social structure and social organisation. Not all writers consider these matters, but perhaps most would agree with Mead, Blumer, and Maines who view social structure

along the lines of a permanent process, a changing reality produced by processes of destruction and reconstruction which themselves may arise from nonstructural sources in the totality of life⁽⁸⁰⁾.

We noted earlier (see page 87), for example, that the concept of 'interaction' or 'social process' contributes, through negotiation, to structural changes in society, emphasising a dynamic concept of society. In this study, we take account of social structure and social organisation, both in our discussion (see chapter V) and in our conclusions (see chapter VI). For example, we suggest, along with Marcus, that society's core values are deeply rooted in its economic system;⁽⁸¹⁾ employment becomes 'normal', and unemployment 'abnormal', and leads to stigma and to distinctions being made between deserving and undeserving abnormal roles. Power is important in economic relationships.

'Interaction' between people with physical disabilities and their peers, and between them and 'normals' is considerably influenced by the social context. In this study, we also examine ways in which the less powerful might influence social structure and social organisation. (see chapters V and VI)

Finally here, we remind the reader that our fifth category of criticism of Symbolic Interaction Theory examines methodological issues; different theoretical perspectives

tend to support different research methodologies. We introduced some of these issues earlier (see page 74) and we develop them further in the next chapter.

Symbolic Interaction Theory, then, has been described⁽⁸²⁾ as adopting a distinctly sociological perspective. It directs attention to the social derivation of man's unique attributes; it represents mind and self as society in microcosm; it describes how the members of any group develop and form a common world; it illustrates the character of human interaction by showing that humans share the meaning of one another's behaviour instead of merely responding to each other's overt behaviour; and in numerous other ways, it implicates the individual with society and society with the individual.

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CHAPTER 111

THE RESEARCH DESIGNIntroduction

Davies⁽¹⁾ has outlined a framework for social work research in which he identifies a number of possible research designs, constructed from two aims and three orientations.

Table 1

A Framework of Research in Social Work

The Orientation of the research	The Aim of the Research	
	Descriptive	Evaluative
Administrative	Question; What is the status quo? What are the facts?	Question; Is that which is thought or said to be happening, actually happening? Does practice conform to the pattern expected of it?
Exploratory	Question; What is the status quo and why? What related factors impinge upon the status quo?	Question; Does it appear that administration and/ or practice is fulfilling its intended aims? If not, why not?
Theoretical	Question; What is the status quo within the context of a pre-determined theoretical framework?	Question; Is one given method of administration and/ or practice different from and superior/ inferior to another?

The first aim is to describe, and the second is to evaluate. The first orientation is administrative; the second exploratory and the third theoretical (see Table 1). In this way, the linking to-gether of aims and orientations creates a framework for research in social work. A research study may not fit into one or other cell, for as Davies⁽²⁾ explains:

'Some studies are cumulative in their research approach, others employ a deliberately triangulated technique in which the topic is tackled from different directions, and yet others span the whole range of approaches because of the lack of clarity in the design and a tendency towards pragmatism in its fulfilment.'

To the extent that our study fits one of the cells, we have employed a theoretical-descriptive research design.

Loftland has suggested⁽³⁾ that sociology is the study of social organisation which he defines as the ways in which people are interrelated. Units of social organisation range from the immediate, micro, face-to-face encounter, through relationships, small groups, organisation, settlements to societies. Sociological enquiry aims to find something new, and this often involves looking at common-place occurrences in new ways.

Bogdan et al⁽⁴⁾ have identified two major theoretical perspectives which have dominated the social science scene, namely the scientific or positivistic perspective, and the

humanistic perspective.

Positivism traces its origins to the social theorists of the nineteenth and early twentieth centuries, and in particular to Auguste Comte and Emile Durkheim.

The origins of humanism can perhaps be traced to Frederick Le-Play's study of European families and communities in the nineteenth century.⁽⁵⁾

The positivist seeks the facts or causes of social phenomenon with little regard to the subjective states of individuals, whilst the humanist is concerned with understanding human behaviour from the actors own frame of reference. The humanist examines how the world is experienced by people, and what 'reality' means to them.

These two theoretical perspectives tend to adopt different methodologies. The positivistic perspective adopts a quantitative methodology; the humanistic a qualitative one.

Bogdan et al⁽⁶⁾ define methodology as the process, principles and procedures by which we approach problems and seek answers; how one conducts research. Since positivists and humanists approach different problems and seek different answers, their research demands different methodologies. This point was raised earlier in the study (see page 74) when we noted that

different theoretical perspectives tend to support different research methodologies.

The positivist searches for facts and causes through such methods as survey questionnaires, inventories, laboratory procedures, detached observation, which aim to produce quantitative data which allows the researcher to statistically prove relationships between operationally defined variables. Positivism is therefore the application of the methods from the natural sciences to the study of social behaviour; for them, the experimental design is a basic technique.

The experimental design seeks causal laws and involves the division of respondents into two identical groups called the experimental and control groups. The independent variable (or presumed cause) is applied only to the experimental group; subsequent differences between the groups are assumed to be the effect of the independent variable.

Of course, there are enormous problems in the creation of an adequate experiment using this design. First, is the problem of control; is the independent variable the only difference between the two groups? To overcome this problem as far as possible, techniques of randomisation or matching may be used. Randomisation means that respondents are assigned at random to either the control or the experimental group and it is then subsequently assumed that any important characteristic will fall equally between the two groups. Matching means that

respondents are assigned to each group, matched in terms of what are assumed to be important characteristics. There is plenty of room for error since it is nigh impossible to create two groups that are equivalent in all major respects.

The second problem concerns the way that the researcher measures the supposed differences between the two groups. Any measure must be both reliable and valid. A measure is reliable when it consistently produces the same results from the same populations, and valid when it measures what it purports to measure.

An alternative design is to use a 'before-after' approach which is one which uses one group only, this group being measured before the application of the independent variable. Subsequent differences are assumed to be the result of the independent variable, but, in practice, it is usually impossible to conclude that changes are due only to the influence of the independent variable.

Blumer⁽⁷⁾ is very critical of the positivistic approach. He writes:

'I marvel at the supreme confidence with which these pre-occupations are advanced as the stuff of methodology.'

We examined earlier some of the methodological issues dividing the Iowa and Chicago Schools of Symbolic Interaction Theory (see page 74). Kuhn representing the Iowa School, designed

his methodology on the positivistic, quantitative approach (see page 74). Kuhn frequently calls for the usual scientific criteria for a standardised, objective and dependable process of measurement, for example. Whilst Kuhn's methodological predilections led him to a particular image of people, Blumer's image of people led him to a particular methodology. We now examine this methodology, our second theoretical perspective of the humanistic, qualitative type.

Using this theoretical perspective, the researcher seeks understanding through methods such as open-ended interviews and personal documents (8), which yield descriptive data, enabling the researcher to view the world through the eyes of respondents. Bogdan et al (9) note:

'The methods by which we study people of necessity affects how we view them. When we reduce people to statistical aggregates, we lose sight of the subjective nature of human behavior'.

Qualitative methods allow the researcher to know people personally and to see them as they are developing their own definitions of the world. At the same time, the researcher must adopt an objective stance in the sense that he must 'stand back' from the respondents, for he does not judge them as 'true' or 'false', 'good' or 'bad'; the role of objectivity here is to seek understanding.

Qualitative methodology is not without its critics. Some critics argue that the researcher acts like a 'sieve' which

which selectively collects and analyses nonrepresentative data. But this particular criticisms applies to all forms of research, for example, survey research formulates questions in relation to what is considered 'important', and interviews may be carried out in a 'personal' way. All research attempts to develop methods to overcome these bias, with varying degrees of success.

A second criticisms concerns the degree of 'generalisability' of findings, to other settings or respondents. To some degree, all settings and respondents are similar whilst retaining their uniqueness. Bogdan et al⁽¹⁰⁾ suggest:

'Qualitative researchers can study certain general social processes in any single setting or through any single subject. They hope to observe and understand these general processes as they occur under specific circumstances.'

Therefore, in a sense, all settings and respondents are representative of all others.

Thirdly, some criticisms are made of the fact that in qualitative methodology, the researcher may elicit unrepresentative data simply by virtue of his presence among the respondents. But all interviews and questionnaires intrude on the 'natural' situation and introduce a foreign element. However, all researchers should be aware of this possibility and take account of it in their work. We did in this study (see page 145).

Melville Dalton⁽¹¹⁾ has summed-up the researcher's dilemma:

'If a choice were possible, I would naturally prefer simple, rapid, and infallible methods. If I could find such methods.....'

Both theoretical perspectives therefore have strengths and weaknesses. The method of analysis determines the perspective, and scientific rigour can equally well apply to both quantitative and qualitative methods. In this respect, Phillips⁽¹²⁾ has noted:

'The differences in magnitude between qualitative and quantitative data-gathering techniques have often been over-stated; both can be used for theory-building, hypothesis testing, and probing attitudes and opinions.'

We develop these fore-going arguments further when we discuss our methodology for this study (see page 18f). Suffice to observe here, that as the study is under-pinned by Symbolic Interaction Theory, we were directed towards a qualitative methodology.

It is possible to classify social work research which focuses on the client into at least four categories, which we call 'Personal Experience', 'Service Users', 'Results', and 'Subjective'.

'Personal Experience' research uses the writer's own personal experiences in social work practice as a data-source. Through different studies, the quality of this data source may vary considerably, from largely subjective accounts, to a more

rigorous, structured study. Gould and Leighton⁽¹³⁾ may be examples of the former, and Bayley, Dell and Leissner⁽¹⁴⁾ examples of the latter.

Bayley, Dell and Leissner used secondary sources of information in addition to subjective accounts, secondary sources such as social work records or interviews with clients. From a Symbolic Interactionist framework, these secondary sources have to be viewed as 'problematic', for they are selected collections of facts which resulted from role-playing individuals (researcher and respondent). They are therefore social productions, and account has to be taken of, for example, what was regarded as significant by the author of social work records, or for what reasons the records were prepared. Social Work records must be viewed as forming part of the client's environment, and need to be taken into account if the interaction between the client and the social work department is to be fully understood. Equally, interviews with clients have to be placed in context; clients are socially located and subject to constraints which shape their actions, and their opinions can only be understood within this context. (See our 'Conclusions')

'Service Users' research is concerned with constructing a portrait of the typical service user, and claims to provide data about the numbers and types of clients and to provide answers to questions about what type of resources are required, and where these resources should be targeted; information useful for planning. But this data is often

unreliable for several reasons.

First, these studies are often concerned with actual as opposed to potential consumers; resulting statistics are therefore likely to reflect supply and not demand.

Examples of this kind of study are Greve, and the London Borough of Hillingdon⁽¹⁵⁾.

To assess demand for services, need as defined by consumers, has to be uncovered. The Chronically Sick and Disabled Persons Act, 1970 is an example where potential need was not uncovered. This Act, Section 1, requests every local authority having functions under section 29 of the National Assistance Act 1948, to inform themselves of the number of persons to whom that section applies within their area and of the need for the making by the authority of arrangements under that section for such persons. But problems of definition of relevant persons resulted in widely varying results.

When numbers have been obtained, these then have to be related to context such as background, age, sex, income, family structure; these social facts have to be linked to need, and the researcher then has to interpret the trends revealed. Few studies appear to interpret the facts, and facts have to be interpreted as they cannot speak for themselves. Examples of studies which appear not to interpret facts are McKay, London Borough of Hammersmith, Gloucester County

Council, Buchanan & Makofsky⁽¹⁶⁾. When facts are not interpreted, the data provides descriptive not explanatory information. The data may tell us what the characteristics are but not why they are as they are. For example, studies may show what people are clients of a social services department (for example, people with physical disabilities) but not why they are clients. The way people become clients may be decided, not by them, but by social workers; if a social services department is developing services for people with physical disabilities, it is likely to be the social worker who labels the person 'physically handicapped'. Scott⁽¹⁷⁾ notes in this respect:

'Clients needs and the kinds of available welfare services, run in two separate orbits, which may coincide only at certain points.'

It is important, therefore, to keep in mind that studies in the 'Service Users' category may not reflect client opinions or their definitions of need. These studies are likely to reflect what the service providers believe to be appropriate resources and services for these clients. In this study, we avoided this mistake by asking clients for their views.

'Results' studies, our third category, are frequently concerned with the question, 'Does it work?'; an example of this kind of study is Plowman⁽¹⁸⁾. However, many studies claiming to measure 'results' using an experimental-quantitative perspective, do not contain a 'control' group (see page 112f)⁽¹⁹⁾ Example of these studies are Reid & Shyne, and Beck & Jones .

Without a control group in the experiment, it is difficult to see how the researchers can claim to be in a position to argue that the differences observed over time are due to the effects of the variable(s) under observation. Equally, when a 'before-after' research design is used, (see page 113) it is usually impossible to conclude that changes are due to the independent variable(s) alone.

Frequently in social work research, the data used for measuring the degree of success/failure of social work intervention has come from three sources, records, social workers and/or clients. We examined earlier (see page 117) some of the problems around using social work records, and examples of studies using this kind of material are Shaw and Hickman & Baldwin⁽²⁰⁾. Both these studies ignores the processes involved in the construction of records.

Examples of studies using the judgements of social workers are Beck & Jones, Blenkner et al, Reid & Shyne and Webb & Riley⁽²¹⁾. We examined earlier some of the problems around using the judgements of social workers as unproblematical, for these judgements are not objective but contain bias in unknown directions.

Examples of studies using the judgements of clients are Beck & Jones, Goldberg, Rappoport & Harrell and Webb & Riley⁽²²⁾. These studies have used 'scale-instruments' to measure the extent of changes which respondents have undergone.

These 'scale-instruments' are psychological scales which tend to ignore the social context of the respondents, and appear to assume that the individual and societal aspects are distinct entities.

In addition, insofar as psychology treats personality as semi-permanent, it ignores the fact that personalities are formed in interaction with others, and that, far from being permanent, are situationally expressed and in a process of constant reconstruction. Highly structured research devices tend to impose rigidity and uniformity (and thereby excluding some responses which might be significant) and likely to produce data of doubtful validity.

Our last category of social work research is 'Subjective', and our study is based on this perspective; we approached our respondents directly, and obtained their views of the world. In our study, respondents are placed 'centre-stage', and we also take account of some of the issues raised in the previous three categories. Issues such as social structure, social worker reactions, organisational records, labeling etc influence the way in which our respondents reacted to social work intervention, since these factors constitute external aspects of the respondents' 'careers' through a social services department, and may limit or expand the range of options available to them. Insofar as social workers or social work administrators or government departments act on information provided through research designed according to

the first three categories, this action will influence the choice of options available to clients of a social services department. Kirk⁽²³⁾ has presented a detailed listing of the circumstances which might influence a client's career through social work.

'Subjective' research studies, such as this one, which use clients themselves as the primary source of information, are also faced with methodological questions which have to be tackled. We examine these later (see page 126f.) Here, we briefly explore the history of client-centred social work research.

Recently, Fisher⁽²⁴⁾ noted that:

'It used to require a certain 'frontier spirit' to ask clients what they thought about social work.'

Business enterprises have always sought the opinions of potential customers in a systematic way, in order to provide goods and services which these customers want. As we have noted, social work research has not always done this. The Report on Local Authority and Allied Personal Social Services noted in 1968 the importance of the maximum participation of individuals and groups in the community, in the planning, organisation and provision of social services. This view was based not only on democratic ideas, but also related to⁽²⁵⁾

'The identification of need, the exposure of defects in the services and the mobilisation of new resources.'

Perhaps one of the first social work client-centred research studies was that presented by Mayhew in 1851.

In his 'London Labour and the London Poor', he writes⁽²⁶⁾:

'It surely may be considered curious as being the first attempt to publish the history of a people from the lips of the people themselves - giving a literal description of their labour, their earnings, their trials and their sufferings in their own 'unvarnished' language; and to portray the condition of their homes and their families by personal observation of the places and direct communication with the individuals.....'

However, over 100 years later, Mayer & Timms⁽²⁷⁾ could write that the client has rarely been asked what kind of help he wants or what he thinks of the help he has received.

Phillips⁽²⁸⁾ describes this work of Mayer & Timms as marking the beginning of a new era in social work research, and one of the most influential books ever written on social work in Britain; client views were at last being taken seriously.

Fisher⁽²⁹⁾ has also argued that welfare services cannot be properly examined without reference to the views of people on the receiving end, and we now examine this proposition. To argue that clients not only have a right to be heard, but that their views ought also to be fully taken into account,

is a political statement with which not everyone might agree. Many studies, as we noted earlier, appear to assume that the providers of services are the only proper source of information about these services. In addition, Fisher⁽³⁰⁾ has suggested that there is an insidious tendency in national policy to regard welfare recipients as a class apart, their views being regarded as the 'presenting problem' in social work. Clients as the 'problem' are considered incapable of providing an adequate assessment of services provided. In this respect, Becker⁽³¹⁾ writes of a 'Hierarchy of Credibility' thus:

'In any system of ranked groups, participants take it as given that members of the highest group have the right to define the way things really are.....'

Lomas has also noted⁽³²⁾ that psychiatry tends to undervalue the capacities of the patient and to regard his views as either meaningless or the unbalanced pre-occupations of an 'over-sensitive soul'.

In studies where the client is directly approached, his views are frequently checked against another source higher up the hierarchy of credibility. For example, in a study by Dell⁽³³⁾ he notes:

'There were of course, some areas where it was not possible to check the women's accounts.'

Mayer & Timms⁽³³⁾ also suggested that their respondents were

not trained observers, which they regarded as a 'hazard' vis-a-vis their research results.

Other explanations also exist showing why client-orientated research has not been conducted. The Central Council for Education and Training in Social Work in conjunction with the Personal Social Services Council⁽³⁴⁾ drew attention to the apparent lack of commitment of social work practitioners to research, and to their ability to under-take it.

Cuff & Payne⁽³⁵⁾ offer sociological explanations, and in particular, the consensus view of society which holds that society is optimally arranged, and therefore welfare problems must be the result of faulty or inadequate socialisation of clients. This is a view of man and society which places the needs of society higher in the hierarchy of credibility than the needs of man; it is not a view of man and society in interaction. It is a structural view, not a processual view.

Mayer & Timms⁽³⁶⁾ offer a 'professional' explanation. They write:

'One of the hallmarks of a profession is that the practitioner, because of skills derived from a body of abstract knowledge, can discern what is best for the client.'

Thus, any assessment of client's perceptions are seen as a threat to the professional standing of the professional

practitioner; this is particularly so for social work which has a precarious professional standing.

We may therefore conclude from the fore-going that all accounts of reality are socially located and structurally constrained.

The Study (Introduction)

We now return to this study and examine the methodology which is based on Symbolic Interaction Theory and the work of Herbert Blumer.

The Study (Sample)

We begin with our sample. This study is particularly concerned with the meaning of the help received from social workers in services departments by people with physical disabilities; we wanted the views of these consumers. Our first problem was therefore to define people with physical disabilities, and we were guided in our choice of definition by Thomas⁽³⁷⁾ who reminded us that there is a:

'Convenient shorthand for the image
of disability; the logo of the
pin-figure in a wheelchair'

which appears on car stickers, access and facilities signs.

Human beings have been suitably reduced by society to pin-figures. Harris⁽³⁸⁾ has also suggested that reference to people with physical disabilities is very likely to

conjure up in the minds of the general public, someone in a wheelchair. We therefore chose people in wheelchairs, and we defined the need for a wheelchair in accordance with government regulations for Mobility Allowance, that the claimant must be unable or virtually unable to walk because of a physical condition, and be likely to remain so for at least a year. These regulations also spell out the factors to be taken into account in deciding whether the claimant is virtually unable to walk, which are, that the ability to walk out of doors is so limited, as regards the distance over which, or the speed at which, or the length of time for which, or the manner in which the person can make progress on foot, without severe discomfort. Claimants can also qualify for this allowance if the exertion required to walk would constitute a danger to life, or would be likely to lead to a serious deterioration in health.

Other definitions of people with physical disabilities, such as medical definitions (what medical condition exists) or functional (what can he do vis-a-vis dressing, or shopping etc) other than walking as noted above, or self-assessment definitions, were inappropriate for this study because we were particularly interested in the issues arising from the 'handicapping environment' and wanted to approach our respondents as 'normal' people.

How to find an appropriate sample was a central concern. Much has been written on sampling procedures⁽³⁹⁾ and for

reasons of space and relevance, we do not propose to offer a complete assessment of this information here. We intend to make a few important points.

In sampling procedures, a 'population' is the aggregate of all the cases which conform to a designated set of specifications; people with physical disabilities in wheelchairs in this study. But there is no way that we could discover this 'population', for no complete list of people with physical disabilities in wheelchairs exists. There are other incomplete lists, such as those disabled injured in war, in the services or in industry, which are known to the Department of Health and Social Security, and those who are thought capable of work and seeking it, or have sought it through an Employment Exchange, who, if they so wish, are registered by the Department of Employment and Productivity. Registers, also incomplete, are kept by social services departments; these registers vary in quality between one local authority and another, for example, in terms of per 1,000 of the population registered⁽⁴⁰⁾:

'Local authority registers are
far from representative of all
disabled persons in each locality'

and in the attitude of local authorities towards registration.

Denzin⁽⁴¹⁾ has suggested:

'that few listings of a population
are ever fully accurate'

and so it appears that some degree of bias will always be

present in a list, because people move, or die, or do not avail themselves of the services from the listing agency.

The Basic distinction in modern sampling theory is between 'probability' and 'nonprobability' sampling. The essential characteristic of 'probability' sampling is that one can specify for each relevant person in the population, the 'probability' that he will be included in the sample.

In 'nonprobability' sampling, there is no way of estimating the probability that each person has of being included in the sample, and no assurance can be given that every appropriate person has a chance of being included. If we were to complete this study, the best option available to us was a 'nonprobability' sample.

There are three forms of 'nonprobability' sampling, accidental samples, quota samples and purposive samples⁽⁴²⁾. In accidental sampling, the researcher takes all respondents available as they come to hand, until the sample reaches the required size.

Quota sampling guarantees diverse elements in the same proportion as they occur in the population. The aim of quota sampling is the selection of a sample which is a replica of the population to which the researcher wants to

generalise. But we do not know what these diverse elements are in total in the population, although we made intelligent guesses at some of them, such as age range, both sexes, and the significance of employment.

Purposive sampling aims to build a 'hand-picked' sample based on intelligent guesswork, so that respondents are judged by the researcher to be typical of the population in which he is interested. The sample for this study was partly quota and partly purposive, for we did not, strictly speaking, 'hand-pick' our respondents; rather we avoided those whom we knew well, such as clients, students and colleagues, and those who could not communicate with us. (It is important to note here, that many of our respondents had considerable difficulty communicating with us, but we stayed with them with valuable results.)

Although we concede that probability sampling is superior to nonprobability sampling in research, in this study, for reasons of practical experience we were forced to choose the latter, a situation faced by many researchers. Professor Zweig⁽⁴³⁾, for example, in his well-known study of 'Labour, Life and Poverty' admits to having accepted a suspect sample but asks the reader to over-look the deficiencies in view of the truthfulness achieved by qualitative research; Zweig claims to credit the man rather than the method. We plead with our readers on the same basis.

To obtain our respondents, we took up the suggestion of Bogdan & Taylor⁽⁴⁴⁾ who write;

'Most subjects are not found, but rather emerge in the course of the researcher's everyday activities.'

We are not researchers all of the time! In other parts of our life we are a social worker, a social work lecturer, and a member of a family, but we have a particular interest in the plight of people with physical disabilities. Once we had developed a research 'frame of mind', we found ourselves measuring people according to their appropriateness as respondents, and we attempted to establish the kind of reputation necessary to recruit respondents, and to familiarise ourselves with the⁽⁴⁵⁾.

'Places and symbols of potential subject's life.'

We soon had good access to appropriate respondents, and many of these respondents were able and willing to introduce us to further people.

We aimed for a sample of 200 people with physical disabilities in a wheelchair, composed of 150 who had been a client of a social services department, and 50 who had not. Only 11 people we approached declined to be part of the sample, either because they were employed and did not want to be identified as a person with physical disabilities, or because they were too busy. (People with physical disabilities in wheelchairs have considerable practical demands made on them

by the environment, and have to choose their activities carefully. For our part, we were surprised at the number of people who were willing to take part in the research, despite all their practical difficulties, which were considerable, and we are very grateful to them.)

In the end, our sample of people with physical disabilities who required the use of a wheelchair numbered 200 and were equally drawn from four counties adjacent to each-other, and were of both sexes aged from 18 to 65 years, interviewed in their homes.

There was also a second sample of social workers. We will argue later (see page 150) that data bearing solely on the subjective accounts of people with physical disabilities is insufficient in terms of scientific explanation within the context of Symbolic Interaction Theory. This theory requires that we also obtain data on the external circumstances and situational constraints which shape their experiences and mould their perceptions. For reasons of time, we limited this sample of social workers to 90; they were CQSW qualified, (Certificate of Qualification in social work) that is, qualified social workers, who had some special responsibility for people with physical disabilities. Again, this was a 'nonprobability' sample, quota-purposive in nature in that we selected those who were willing, and over whom we had no authority, and they were also people who were not colleagues or who had been students at our College within the last two years. In other words, we had not known them recently in another capacity. As before, one social worker

tended to recommend us to another, and only 6 declined to become part of the sample, because their employer would not give them permission to join. These 90 qualified social workers were located in, and equally drawn from, the same four adjacent counties as the sample of people with physical disabilities in wheelchairs. These social workers were male and female, and aged between 25 and 60 years, interviewed in their Office or in the college setting.

The Study (Data Collection)

Within a qualitative research design, there is a choice of data collection methods. Bogdan & Taylor⁽⁴⁶⁾ identify three, participant observation, personal documents and montage.

Bogdan & Taylor⁽⁴⁷⁾ define participant observation as research:

'Characterised by a period of intense social interaction between the researcher and the subjects in the milieu of the latter.'

Researchers immerse themselves in the lives of the subjects and the situations they want to understand. We could have adopted this method for the study, but it was not possible. Directors of Social Service Departments concerned were unwilling to allow us to observe the interviews between clients with physical disabilities in wheelchairs and social workers; in addition, social workers we approached

posed a variety of problems which would have undermined the consistency of the study; such problems as only allowing us access to some interviews, or wanting us to leave during sensitive parts of the interview. In any case, in view of the time available to us, we would probably not have had the flexibility to attend these interviews at times determined by the social worker, and we would probably not have had contact with as many as 200 people with physical disabilities in wheelchairs and 90 social workers. If we had adopted participant observation as the method of data collection, we would still have needed to interview the subjects.⁽⁴⁸⁾ so, on balance, it is doubtful if this is the best method for the study.

Montage, or discovering methods, are largely based on ethnomethodology and the work of Garfinkel which we explored earlier in the study (see page 78f). Garfinkel⁽⁴⁹⁾ has created a series of strategies allowing him to explore those areas of social interaction in which he is interested; usually the commonsense world of everyday life. Researchers live through the experiences they are investigating, and thereby develop a subjective understanding that might have been difficult to achieve through other methods.

For example, Garfinkel arranged for his researchers to bargain in shops over such common items as cigarettes or magazines. Or, he asked his researchers to engage others in conversation and to insist that these others clarify the

meanings of common-place remarks such as 'How are you?'. Or he asked his researchers to go home to their families and behave like a lodger.

From another source, Rosenhan⁽⁵⁰⁾ entered a psychiatric hospital as an in-patient (although he was not ill) and collected data on his actual experience of hospitalisation.

Montage therefore implies unobtrusive measures⁽⁵¹⁾ which appear to be innovative and inappropriate for this study.

Bogdan & Taylor⁽⁵²⁾ define personal documents as:

'Those materials in which people reveal in their own words, their view of their entire life, or a part of it, or some other aspect about themselves.'

Personal documents include diaries, letters, autobiographies and open-ended or unstructured interviews, and refer to an individual's descriptive, first-person account of specific events or topics.

Denzin⁽⁵³⁾ describes the 'life history' method in a similar way, and Madge⁽⁵⁴⁾ writing of both personal documents and life histories, describes them as:

'A spontaneous first-person description by an individual of his own actions, experiences and beliefs. This does not require that the document should be entirely unsolicited, or even that the choice of topics should be left entirely to the discretion of the subject.'

Thomas & Znaniecki⁽⁵⁵⁾ go so far as to argue that personal records constitute the:

'Perfect type of sociological material.'

We chose personal documents using unstructured interviews for data collection for the study, a method clearly within a qualitative research design, and one which required us to⁽⁵⁶⁾:

'Know people personally and to see them as they are developing their own definitions of the world',

a central tenet in Symbolic Interaction Theory, and one to which we return later. (See

First, a word about unstructured interviews. An interview has been defined by Madge⁽⁵⁷⁾ as a meeting of persons face-to-face, and Denzin⁽⁵⁸⁾ reminds us that interviews can be classified by degree of structure or standardisation. At the most structured level is the schedule standardised interview in which the wording and order of all questions is exactly the same for every respondent; every respondent is, as far as possible, treated in exactly the same way. All questions are comparable, so that variations between respondents can be attributed to actual differences in response and not to differences in the interview instrument.

At the next level is the nonschedule standardised interview in which the researcher works from a list of the information

required, but the particular phrasing and order of questions is flexible, to fit the characteristics of each respondent. If the meaning of a question is to be standardised, it must be formulated in words familiar to respondents, taking account of the fact that people have unique ways of defining their world. This interview strategy also assumes that no fixed sequence of questions is satisfactory for all respondents, and the researcher must allow respondents to pursue their own lines of thought, whilst ensuring that all items on the list of the information required are discussed.

A distinct advantage of the nonschedule standardised interview and one relevant to this study, is that questions can be phrased in a way which conveys meaning to the respondent, and thereby increases his motivation to respond. Clearly, there are dangers in using this approach where more than one interviewer is involved; in our study, all interviews were conducted by the same person.

The third level is the nonschedule nonstandardised interview in which no prespecified questions are employed, nor are questions asked in any specified order, and a schedule is not employed. This approach allows the interviewer considerable freedom to probe areas with respondents, but these interviews can easily become little more than informal, friendly conversations. No attempt can be made to quantify

data.

All three types of interviews allow the researcher to obtain data on biography, attitudes and opinions, and life-history. However, Maccoby & Maccoby⁽⁵⁹⁾ suggest that unstructured, nonstandardised interviews are best suited for exploratory studies, whilst structured, standardised interviews are best suited for hypothesis testing and the rigorous quantification of results.

The interviews for this study fell between levels one and two. We employed an 'Interview Schedule' (see appendix 1) to obtain the information we required from respondents, but the phrasing and order of questions was flexible to fit the characteristics of each respondent. We were guided in this choice by Denzin⁽⁶⁰⁾ who argues:

'If the criterion of ascertaining respondent meanings and definitions is considered, the less structured interviews are more suitable.'

We believe that this personalised approach allowed the respondent to interpret the questions within his own frame of reference and to express his opinions in his own way.

However, if data from interviews is to be compared then some guidelines must be established for comparability. The interview serves two broad purposes, to translate research objectives into specific questions; questions which will obtain the

data required by the research. The question, therefore, becomes the unit around which the interviews are constructed; to obtain comparability, interviews covered the same ground by a variety of routes. In this sense, unstructured.

Later in the study (see page 141f) we examine our interview procedures in more detail, drawing on the ideas of Herbert Blumer among other writers.

The Study (Data Collection with reference to Herbert Blumer)

Blumer⁽⁶¹⁾ argues:

'The concepts and propositions of symbolic interactionism are devised for the direct examination of the empirical social world.'

In an examination of the use of concepts in research, Blumer⁽⁶²⁾ reminds us that they play a central role, because:

'They are significant elements in the prior scheme that the scholar has of the empirical world; they are likely to be the terms in which his problem is cast; they are usually the categories for which data are sought and in which the data are grouped; they usually become the chief means for establishing relations between data; and they are usually the anchor points in interpretation of the findings.'

Blumer⁽⁶³⁾ advocates the use of 'sensitising' concepts,

and comparing these with 'scientific' concepts, he suggests that sensitising concepts indicate directions along which the researcher can explore, whilst scientific concepts prescribe what the researcher ought to see. Sjoberg & Nett⁽⁶⁴⁾ comment that Blumer's choice of sensitising concepts is consistent with his image of social reality, an image which, consistent with Symbolic Interaction Theory, views society as dynamic and adopts an humanistic view of the actor's ability to shape and re-shape his environment.

Denzin⁽⁶⁵⁾ also discusses sensitising concepts and defines them as concepts which are not immediately transformed into operational definitions through an attitude scale or check list; they may only later become operational in the scientific sense.

We are interested in concepts in this part of the study as they were the 'categories for which data was sought'; we demonstrate later in the study how they were used for the 'establishment of relations between data' (see Chapter V on Discussion), and the 'anchor points in interpretation' (see Chapter VI on Conclusions). Earlier in the study (see page 84f) we presented definitions of the key concepts in Symbolic Interaction Theory and some criticisms of them.

Earlier in the study, we also explored Blumer's basic premises of Symbolic Interaction Theory and his basic ideas or 'Root Images' (see page 67f) We now demonstrate how these

concepts, premises and basic ideas were used in the study

Stemming from his premises and root images, Blumer⁽⁶⁶⁾ identifies some of the methodological implications in the case of four central conceptions in Symbolic Interaction Theory. These four conceptions are:

- '1. People, individually and collectively, are prepared to act on the basis of the meanings of the objects that comprise their world
2. The association of people is necessarily in the form of a process in which they are making indications to one another and interpreting each other's indications
3. Social acts, whether individual or collective, are constructed through a process in which the actors note, interpret, and assess the situations confronting them
4. The complex interlinkages of acts that comprise organisation, institutions, division of labor, and networks of interdependency are moving and not static affairs.'

The first conception, that people act on the basis of the meaning of their objects, signifies that the researcher, if he is to understand the action of his respondents, must see their objects as they see them. In Blumer's⁽⁶⁷⁾ words, the researcher has to:

'Get inside their worlds of meanings'.

Getting inside the worlds of meanings, requires the researcher to know both the respondents and their world of objects; it implies the ability on the part of the researcher to 'take the role of the other'. In Blumer's⁽⁶⁸⁾ words:

'It is a matter of simple sense
that one has to identify the
objects and their meaning.
The research position of
symbolic interaction is
predicated on this
recognition.'

This first conception also connects at several points with
the principles of 'intimacy' and 'situation' put forward
by Loftland⁽⁶⁹⁾.

By intimacy, he meant close, detailed, dense acquaintanceship
with:

'A particular locale of social life
.....and allows us to get close-up
to people'

Denzin⁽⁷⁰⁾ has also observed that the researcher must take
the view of the world from the respondent's standpoint.

Getting to 'know' our respondents was not easy. Becker
& Geer⁽⁷¹⁾ have commented on some of the difficulties with
regard to qualitative methodological interviews, in
particular, the problem of knowing and using the group's
language and other symbolisation, and the problem of
misunderstanding.

We 'did our homework' with regard to 'knowing the group',
and we presented ourselves in interview in a friendly,
understanding way, in order to encourage respondents
to put their trust in us.

We attempted to establish what Kuhn⁽⁷²⁾ has described as 'rapport', (namely the sharing of a common frame of reference, particularly language) and a partnership in the interview situation. We listened carefully and paid attention to the feelings of the respondents in an attempt to, in Cottle's⁽⁷³⁾ words;

'Honor those whom we encountered'

Denzin⁽⁷⁴⁾ reminded us that interviews should reflect equality between researcher and respondent, and that they should be freely entered into by all respondents. Denzin argues for the importance of 'fit' in background and status between researcher and respondent, which must be maximised and maintained, otherwise the researcher runs the risk of⁽⁷⁵⁾;

'Having his interviews conducted between selves talking past one another.'

To get 'close-up', we also, as suggested by Madge⁽⁷⁶⁾, interviewed the respondents in their own homes as the:

'Best results are obtained if the respondent is interviewed on his "home ground".'

We also paid particular attention to getting to know the respondent's world, what Loftland refers to as 'Situation'. Loftland defines 'situation' as:^(76a)

'The wholistic array of people, physical objects, spaces and time periods that an acting unit takes into account'

in constructing its action
A situation is the
 social and physical place in
 which people act.'

We noted earlier in the study (see page 131) that in our other lives we are a social worker, or a social work teacher among other roles, and through these roles we have learned about the world of people with physical disabilities in wheelchairs (although with hind-sight, we can now say that we thought we knew more than we did!). We also ran a pilot study prior to embarking on the main study, to give us further understanding of the world of our respondents (See page 152f)

There are also other problems in getting 'close-up' to respondents. Denzin⁽⁷⁷⁾, whilst supporting the conception that the researcher must view the world through the eyes of the respondents, alerts us to the importance of maintaining the distinction between 'everyday' and 'scientific' conceptions of reality. He writes:

'The sociologist must operate between two worlds when he engages in research - the everyday world of his subjects and the world of his own sociological perspective.'

The researcher first learns the everyday conceptions of reality and then interprets them from the stance of sociological (Symbolic Interaction) Theory. Loftland⁽⁷⁸⁾ refers here to 'Disciplined Abstraction' and argues that whilst

he recognises that it is extremely important for the researcher to get close-up to respondents, this lack of an objective stance must not develop into lack of scientific rigour; the researcher is not freed from the requirements of adequate proof, and his analysis must employ concepts and methods which are clearly defined. Rapport can be developed too far because the interview is itself a form of interaction, which could threaten the validity of the data. But validity can also be threatened if the interview is too rigid. If the world is presented to the respondent in a particular way, he may feel obliged to respond in line with the presented world view

Deutscher⁽⁷⁹⁾ has described data as:

'largely artifacts of the procedures
used'

and the researcher has to constantly ask the question whether data is the product of a specific situation which cannot be generalised more widely. Denzin⁽⁸⁰⁾ suggests that 'triangulation' (bringing different types of data to bear on the research problem) ensures greater validity. Other types of data might be what Sills⁽⁸¹⁾ has called:

'Inside knowledge'.

In this study, we provided 'triangulation' through inside knowledge (see page 131) and through an historical sketch (see chapter 1). But the primary source of our data was interviews (see appendix 1 for interview schedule).

To return to Blumer's four conceptions, the second, that the association of people is necessarily in the form of a process in which they are making indications to one another and interpreting each other's indications, raised two methodological issues for us.

With regard to the first, Blumer notes⁽⁸²⁾:

'In setting up studies of human group life and social action, there is need to take social interaction seriously. It is necessary to view the given sphere of life under study as a moving process in which the participants are defining and interpreting each other's acts.'

Denzin⁽⁸³⁾ has also emphasised that research methods must be capable of reflecting process or change, and is supported by Baker⁽⁸⁴⁾ who observes that we need a model which takes into account the fact that patterns of behaviour develop in orderly sequence.

In order to examine the 'Meaning which people with physical disabilities give to the help they receive from social services departments' we structured our interviews around the concept of 'Career'.

In more general terms, Bogdan & Taylor⁽⁸⁵⁾ have referred to the concept of 'Career' as:

'The sequence of occupational and non-occupational positions a person

fills through his life and the changing definition of self and the world he holds at various stages of that sequence.'

Choices made at one stage have influence on choices available at a later stage.

Goffman⁽⁸⁶⁾ has written of the concept of 'career', that the term:

'Is coming to be used.....in a broadened sense to refer to any social strand of any person's course through life.'

Goffman then identifies two sides of the concept; one side represents personal aspects such as 'self', 'identity', and the other side, official positions such as occupation, health or deviance ('Client' is an example of deviance).

Conceptualising the client's progress through social work as a 'career' involves examination of the sequential development which occurs. We identified three stages in the 'career' of our respondents, the referral stage, the active stage and the termination stage. The referral stage(becoming a client) focuses on the emergence of the 'problem', the identification of it by the client, the alternative lines of action open to him for the solution of the problem, and finally, contact with a social services department.

The active stage (being a client) focuses on the way in which the client is processed through the social services department, the implications of this process for the client's 'self', and his reactions to the help offered.

The termination stage focuses on the way help was terminated, the willingness of the client to return to a social services department in the future and to recommend the service to friends. The client's views on managing unaided, and his assessment of the help which he received are also relevant sources of data at this stage. (For examples of particular questions put to clients at each stage, see the interview schedule in appendix 1)

The second methodological issue for us concerned the diverse forms which social interaction can take. We wanted to ascertain what particular form of social interaction (such as co-operation or conflict) was operating at a particular time. We therefore framed questions which would elicit this data. (See, for example, question 27)

Blumer's third conception, that social acts, whether individual or collective, are constructed through a process in which the actors note, interpret, and assess the situations confronting them, concerns the ways in which respondents construct their 'action'. For the study, an accurate picture and understanding of social action was of crucial importance, not least because, as argued by Blumer^(86a).

'In a valid sense social action is the primary subject matter of social science.'

We discussed some aspects of the construction of action earlier, for example that social action occurs within the process of social interaction. Here we focus particularly on the activities of the respondent in social interaction; in other words, we view social action in terms of the actor, and note that in terms of Symbolic Interaction Theory, the actor constructs his action; it is not simply a release of activity brought about by external factors. The actor has a consciousness which allows him to communicate with himself (view himself as an object) and construct his line of action, with some degree of freedom. He has a range of choices, some more acceptable to him than others; the human being is not merely a responding organism.

Loftland refers⁽⁸⁷⁾ to 'interaction strategies' here, and notes:

'Action does not simply happen, it has to be constructed.....The term strategy implies conscious intention, as well it should since people very often do consciously deliberate and strategize their action.'

We therefore needed to, not only see the situation from the actor's viewpoint, but also discover what the actor took into account, and observe how he interpreted this information.

The concept of 'reference group' (see page 87) is important

here, since the actor's definitions of a situation can be shaped by his social relationships and the groups with which he interacts. Denzin⁽⁸⁸⁾ points out that the researcher must link these definitions with the social circles and relationships which furnish them. To ignore this link will exclude from the research, the impact of wider social structures on these definitions, and provide a one-sided information and common-sense interpretation of reality. Denzin⁽⁸⁹⁾ therefore suggests that a 'life history' must also contain reports from persons other than the subjects.

In this study we structured our questions through the concept of 'career' (see page 146f) and we had two groups of respondents, clients with physical disabilities, and social workers. We asked both groups questions related to subjective aspects of clients with physical disabilities, and questions related to the impact of the wider social structure. For example, at the referral stage, we asked both groups what knowledge they thought clients with physical disabilities had of a social services department prior to referral, and why they thought these clients allowed themselves to be referred. At the active stage, we asked how they thought clients with physical disabilities responded to the social worker in the interview, and how they thought these clients viewed the potential help available from the department. At the termination stage, we asked how they thought social services departments viewed clients with physical disabilities, and how caring they thought society was of its members with physical disabilities. We then compared our findings from each group (see Chapter V 'Discussion')

Blumer's⁽⁹⁰⁾ fourth conception, the interlinkage of action, is concerned with 'collectives' and 'joint action'. We examined joint action earlier (see page 95f) and here we remind the reader that an example of a collective might be people with physical disabilities, and an example of joint action might be negotiation.

In this study, we took little account of interaction between people with physical disabilities, although we did have some clues about this from our sample, which was partly derived by the recommendation from one person with physical disabilities to another (see page 131) and from the answers to questions we posed, such as whether clients viewed other clients with physical disabilities as deserving of help; whether they viewed themselves as typical clients, and whether they would have preferred a social worker with physical disabilities.

The main focus of the study was on the interaction between clients with physical disabilities and social workers in social services departments, but the concept of interlinkage of action allowed us to examine our findings, not only from the viewpoint of the individual client, but also from the viewpoint of these clients as a collective (and, more tentatively, from the viewpoint of people with physical disabilities generally) (See our 'Conclusion', Ch.VI) both in interaction with social workers and in interaction with the social context.

Blumer's⁽⁹¹⁾ concept of joint action alerted us to examine our findings in relation to possible ways forward (see Chapter VI) and also prompted us to recognise that joint action has a history.

Blumer suggests that there is a noticeable neglect of historical linkage by organisational theorists. People draw on past experience in their interpretations, and Symbolic Interaction Theory asks its researchers to pay heed to this fact.

We presented in the study, both an historical sketch (see chapter 1) and the concept of 'career' as aids to our understanding of the historical linkage.

The Study (Data Collection and Recording)

We made comprehensive notes both during and after the interviews, and we also tape-recorded 1:15 interviews. When compared with these tape-recordings, our notes showed no substantial omissions. We have no evidence to suggest that the tape-recorder intruded on or influenced the interviews in any significant ways. Each interview took about 2 hours to complete (except when respondents in wheelchairs had not been clients of a social services department - see table 2 -when, of course, since the interview was very much shorter, the time taken was less.).

The Pilot Study

Many text-books on research methods advocate pilot work of some kind⁽⁹²⁾ Hoinville⁽⁹³⁾ for example, suggests that at

some stage of the research process, the data collection methods should be subjected to a field test, as a field test is a useful way of refining points of detail, such as wording or ordering of questions. Pilot work also allows the researcher to discover any problems he might have with note-taking, and may also high-light questions which require visual aids.

Selltiz⁽⁹⁴⁾ also suggests that pilot work allows the researcher to discuss his questions with the respondents in order to discover how they experienced the interview. Respondents, being typical of those being used in the research, may also have good suggestions to make.

Pilot work also allows the researcher to avoid mistakes in main study; at the end of the pilot work, he can evaluate the research process and thereby make critical observations.

Hoinville⁽⁹⁵⁾ also suggests that a tape-recorder is useful in pilot work, as this enables the researcher to hear for himself how his questions come across.

We conducted one pilot study (some researchers advocate more than one) with 30 respondents with physical disabilities in wheelchairs whom we selected from the same four counties from which we drew our main study sample. We also conducted a pilot study with 15 social workers from the same four counties. Some of these interviews were tape-recorded, and we also tape-

recorded the discussion we held afterwards, when we examined, with respondents, the questions and the sequencing of these questions. As a result of the pilot study and these discussions, some questions were re-positioned in the interview schedule, and others were omitted, before we embarked on the main study.

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CHAPTER IV

FINDINGSIntroduction

We obtained our data from personal documents/unstructured interviews.

We noted earlier (see page 135) that Bogdan & Taylor⁽¹⁾ defined personal documents as those materials in which people reveal, in their own words, their view of the whole, or a part of, their lives, and that personal documents include unstructured interviews.

We also examined in some detail, the nature of the unstructured interviews used in this study (see page 136f) and we noted that we had two samples of respondents, people with physical disabilities in wheelchairs, and social workers.

The unstructured interviews were planned through three stages of the client's career through a social services department, namely the referral stage, the active stage and the termination stage. (See page 150)

We now present in detail, the findings from these interviews.

Respondents with Physical Disabilities:

Section A - The Referral Stage (Questions relating to the referral stage of the client career through a social services department)

Table 2
Distribution of the 200 respondents with physical disabilities by whether they had been clients of a social services department and by biographical details

<u>Biographical Details</u>	<u>Clients</u>	<u>Non-Clients</u>	<u>Total</u>
Male	92	36	128
Female	58	14	72
	<u>150</u>	<u>50</u>	<u>200</u>
Marital Status;			
Married	60	38	98
Single	82	12	94
Divorced etc	8	-	8
	<u>150</u>	<u>50</u>	<u>200</u>
Age;			
18-30 yrs	35	5	40
31-50 yrs	65	26	91
51-65 yrs	50	19	69
	<u>150</u>	<u>50</u>	<u>200</u>
Employment (30 hrs+ p.w.)	20	45	65
Unemployment (Less than 30 hrs p.w.)	130	5	135
	<u>150</u>	<u>50</u>	<u>200</u>

(Table derived from questions 1 and 3 of the interview schedule).

Table 2 shows the total sample of people with physical disabilities, namely 150 who had been clients of a social services department, and 50 who had not. Both groups contained more men than women. With regard to marital status, more clients were single than married; of non-clients, the opposite case pertained. With regard to age, both groups tended to be older (30 yrs+) rather than younger. With regard to employment, clients tended to be unemployed

and non-clients to be employed.

Table 3
Distribution of the 200 respondents with
physical disabilities by identified problems,
and by whether they had been clients of a
social services department

<u>Identified Problem</u>	<u>Clients</u>	<u>Non-Clients</u>	<u>Total</u>
Mobility	130	32	162
Financial	146	22	166
(A) Employment	147	30	177
Housing	142	33	175
Domestic Help	139	33	172
Education	142	40	182
Recreation	144	45	189
Isolation	136	38	174
(B) Inter-personal	15	-	15
Emotional	110	11	121

(Table derived from questions 2 and 3 of the
interview schedule)

Table 3 shows the main problems areas identified by the 200 respondents with physical disabilities. The totals are not 200 as different respondents identified different problem areas. We distinguish in the table, between 'Material' (Section (A)) problems and 'Non-material' (Section (B)) problems. The table shows that over 75% of respondents identified all areas as problematic, apart from 'emotional' and 'inter-personal' areas, but clients tended to identify 'emotional' problems more often than non-clients. Other than this, there were no differences between the two groups, both groups finding that 'inter-personal' relationships were not a problem for them.

Material problems were more significant than non-material

problems for all respondents, and there was frequent comment about the ways in which the environment appeared to be geared to the needs of 'normal' people as opposed to people with physical disabilities

Respondents also frequently commented about feeling depressed about their physical disabilities (reflected in the 'emotional' area of the table), and to preferring the company of other people with physical disabilities (reflected in the lack of the 'inter-personal' area as an identified problem area by respondents), as opposed to 'normal' people.

Table 4
Distribution of the 200 respondents with physical disabilities by the main causes of their identified problems and by whether they had been clients of a social services department

<u>Identified Problem and Causes</u>	<u>Clients</u>	<u>Non-Clients</u>
Mobility;		
Obtaining a suitable vehicle	30	3
Unsuitable environment	120	29
Financial;		
Level of salary available	12	22
Dependency on welfare benefits	145	20
(A) Employment;		
Lack of jobs	142	17
Limited promotion prospects	5	30
Boring/Unskilled work	67	30
Housing;		
Totally unsuitable	138	28
Domestic Help;		
Limited availability of Home Helps	128	30
Neighbours not willing to help	112	35

	<u>Clients</u>	<u>Non-Clients</u>
Education;		
Unsuitable buildings	131	37
Unsympathetic teachers	127	35
(A) Recreation;		
Unsuitable buildings	135	41
Unsympathetic teachers/organisers	84	40
<u>Unsuitable recreation offered</u>	<u>140</u>	<u>38</u>
Isolation;		
Lack of suitable facilities	135	31
Prejudice/stigma/unwelcoming	130	32
(B) Inter-personal;		
Not welcome by 'normal' people	125	32
Emotional;		
Depression	89	11

(Table derived from question 4 of the interview schedule)

Table 4 shows the main causes given by respondents with physical disabilities for their identified problem areas.

An unsuitable environment was the cause most given for mobility problems by both clients and non-client. Low welfare benefits was the major cause of financial problems for clients whilst the level of wages was the main cause for non-clients, although they too recognised the low level of welfare benefits.

Lack of jobs was the main cause of employment problems for clients, whilst the kind of jobs offered (primarily unskilled and boring) along with limited promotion prospects, were the primary causes of employment problems for non-clients.

Unsuitable housing was given as the primary cause of housing problems by both clients and non-clients. People

with physical disabilities in wheelchairs require housing which is designed to meet their needs, as opposed to the needs of 'normal' people.

Both clients and non-clients found the limited availability of home helps the main cause of problems around domestic help. Clients also commented on the fact that neighbours were often unwilling to help on a regular basis.

Both education and recreation problems are caused by unsuitable buildings and, to a lesser extent, by unsympathetic teachers and organisers for both clients and non-clients.

Material problems (Section A) therefore have similar causes for both clients and non-clients, as do Non-Material problems (Section B) as we now indicate.

Problems of isolation and inter-personal problems are caused, for both clients and non-clients, by an environment which is not geared to the needs of people with physical disabilities. 'Normal' people do not design facilities to meet the needs of people with physical disabilities, nor are 'normal' people aware of these needs. For people with physical disabilities, the environment therefore tends to be hostile; they prefer inter-personal contact with other people with physical disabilities rather than 'normals'.

Faced with this range of material and non-material problems,

respondents claimed to be 'depressed' from time to time, but it is important to remember that respondents claimed this depression was caused by factors within the environment and not by their physical disabilities.

Table 5
Distribution of the 150 respondents with physical disabilities by the number of careers they had as clients of a social services department

<u>Number of careers</u>	<u>Number of Respondents</u>
1	89
2	52
3	8
4	<u>1</u>
	150

(Table derived from question 5 of the interview schedule)

Table 5 shows that 89 respondents had one career as a client of a social services department, and 61 had more than one career.

Table 6
Distribution of the 150 respondents with physical disabilities by the problems with which they were referred to a social services department

<u>Identified Problem</u>	<u>Number of Respondents</u>
Mobility	124
Financial	128
(A) Employment	122
Housing	133
Domestic Help	145
Education	35
<u>Recreation</u>	<u>89</u>

	Isolation	23
(B)	Inter-personal	103
	Emotional	126

(Table derived from question 6 of the interview schedule)

Table 6 shows the range of material (Section (A)) and non-material (Section (B)) problems with which respondents with physical disabilities were referred to a social services department. These were not necessarily problems identified as such by the respondents, but simply the reasons why they were referred to a social services department.

Table 7
Distribution of the 150 respondents with physical disabilities by whether they approached informal/formal networks prior to being referred to a social services department, and whether they found these approaches helpful/unhelpful in relation to their identified problem

Identified Problem	<u>Informal Network</u>			<u>Formal Network</u>		
	Helpful	Unhelpful	<u>No Approach</u>	Helpful	Unhelpful	<u>No Approach</u>
Mobility	5	46	99	26	51	73
Financial	10	37	103	15	93	42
(A) Employment	3	20	127	10	119	21
Housing	11	29	110	9	87	54
Domestic Help	27	14	109	26	90	34
Education	-	12	138	27	71	52
Recreation	-	9	141	21	81	48
Isolation	44	29	77	7	15	128
Inter-						
(B) Personal	15	41	144	3	52	95
Emotional	27	48	75	15	61	74

(Table derived from questions 7.8 and 9 of the interview schedule)

Table 7 shows the range of approaches made to informal (e.g. friends, relatives who were not members of the immediate family) and formal (e.g. doctors, DHSS) networks by respondents with physical disabilities for help with particular problems, both Material (Section (A)) and Non-material (Section (B))., prior to referral.

Approaches to both informal and formal networks for help with problems of mobility were generally found to be 'unhelpful'; the majority of respondents did not make any approach to informal or formal networks for help with problems of mobility.

Approaches to informal networks for help with financial problems were generally not made; approaches were made to formal networks, but these were generally found to be 'unhelpful', mainly because of the small amounts of assistance offered.

Approaches to informal networks for help with employment problems were generally not made; approaches were made to formal networks, but these were generally found to be 'unhelpful' in terms of offering appropriate employment.

Approaches to informal networks for help with housing problems were generally not made; approaches were made to formal networks, but these were generally found to be 'unhelpful'; 54 respondents claimed not to approach formal networks for help with housing, because they knew

that appropriate help would not be offered.

Approaches to informal networks for help with domestic problems were generally not made; approaches were made to formal networks, in particular to social services departments for 'Home Helps', but these were generally found to be 'unhelpful'.

Approaches to informal networks for help with education and recreation problems were generally not made; approaches were made to formal networks, but these were generally found to be unhelpful. $\frac{1}{3}$ of the respondents made no approach to formal networks for help.

Approaches to both informal and formal networks for help with problems of isolation were generally not made, but there is some indication that when approaches were made to informal networks, they were likely to be helpful.

Approaches to both informal and formal networks for help with problems of an inter-personal nature were generally not made; where they were made, they were generally found to be 'unhelpful'.

Finally, as with inter-personal problems, approaches to both informal and formal networks for help with emotional problems were generally not made; where they were made, they were generally found to be 'unhelpful'.

We can, therefore, summarise the fore-going discussion by noting that approaches to both informal and formal networks for help with both material (section (A)) and non-material (section (B)) problems, were generally not made, and where they were made, the approaches were generally found to be 'unhelpful'.

Table 8
Distribution of the 150 respondents with physical disabilities by who referred them to a social services department on their first and subsequent careers

	<u>Source of Referral</u>	<u>No. of Respondents (First career)</u>	<u>No. of Respondents (Subsequent career)</u>
	Relatives	-	-
(C)	Friends	9	-
	Self	3	-
	Own GP	100	58
(D)	Hospital	38	1
	Minister of Religion	-	2
	DHSS	-	-

(Table derived from question 10 of the interview schedule)

(N.B. (C) = Informal networks; (D) = Formal networks)

Table 8 shows that few respondents were referred to a social services department by their informal networks (Section (C)); they were generally referred by their formal networks (Section (D)). Respondents were often not too clear whether their GP or the hospital had referred them; they were probably, strictly speaking, referred by both with the role of the GP the most significant, as he is viewed by social services departments as the community physician.

First Career

Table 9
Distribution of the 150 respondents with
physical disabilities by why they allowed
themselves to be referred to a social
services department

<u>Reason</u>	<u>No. of Respondents</u>
No alternative	136
Hope for some help	141
Recommended by a friend	8
Social Worker arrived on the door-step!	35

(Table derived from question 11 of the interview
schedule)

Table 9 shows that respondents allowed themselves to be referred to a social services department, either because there seemed to be no alternative way of getting help with problems, or because they hoped that the department might help, as a last resort. 35 respondents simply found a social worker on the door-step, and learned from the social worker that they had been referred!

Table 10
Distribution of the 150 respondents with
physical disabilities by how they felt
about being referred to a social services
department

<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Total</u>
10	27	113	150

(Table derived from question 12 of the interview schedule)

Table 10 shows that most respondents were 'unhappy' about being referred to a social services department.

Table 11

Distribution of the 150 respondents with physical disabilities by how much help they expected to receive from a social services department in relation to their identified problem(s) prior to their first interview

<u>Identified Problem</u>	<u>Much Help</u>	<u>Some Help</u>	<u>Hardly any Help</u>	<u>Total</u>
Material	5	24	121	150
Non-Material	-	25	125	150

(Table derived from question 13 of the interview schedule)

Table 11 shows that respondents expected 'hardly any help' from a social services department in relation to their identified problem(s), prior to their first interview.

Table 12

Distribution of the 150 respondents with physical disabilities by how much knowledge they had of the work of a social services department prior to their first interview

<u>Very good knowledge</u>	<u>Some Knowledge</u>	<u>Hardly any knowledge</u>	<u>Total</u>
65	80	5	150

(Table derived from question 14 of the interview schedule)

Table 12 shows that respondents had either some, or very good knowledge of the work of a social services department, prior to their first interview.

Table 13

Distribution of the 150 respondents with physical disabilities by how they expected the social worker would respond to their request for help, prior to their first interview

<u>Helpfully</u>	<u>Unhelpfully</u>	<u>Did Not Know</u>	<u>Total</u>
37	85	28	150

(Table derived from question 15 of the interview schedule)

Table 13 shows that most respondents expected the social worker to respond 'unhelpfully' to their request for help, prior to their first interview.

Table 14

Distribution of the 150 respondents with physical disabilities by how they thought social services departments viewed clients with physical disabilities, prior to their first interview

<u>Very Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
2	37	111	150

(Table derived from question 16 of the interview schedule)

Table 14 shows that most respondents thought that social services department viewed clients with physical disabilities as 'undeserving' of help, prior to their first interview.

Table 15

Distribution of the 150 respondents with physical disabilities by how caring they thought society was for its members with physical disabilities, prior to their first interview

Very <u>Caring</u>	<u>Caring</u>	<u>Uncaring</u>	<u>Total</u>
-	25	125	150

(Table derived from question 17 of the interview schedule)

Table 15 shows that most respondents thought that society was 'uncaring' of its members with physical disabilities, prior to their first interview.

Table 16

Distribution of the 150 respondents with physical disabilities by what they thought about other clients of a social services department who also had physical disabilities, prior to their first interview.

Very <u>Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
51	90	9	150

(Table derived from question 18 of the interview schedule)

Table 16 shows that most of the respondents thought that other clients of a social services department who also had physical disabilities were 'deserving' of help, prior to their first interview.

Table 17
Distribution of the 150 respondents with physical disabilities by whether they viewed themselves as typical clients of a social services department, prior to their first interview

<u>Typical</u>	<u>Untypical</u>	<u>Total</u>
43	107	150

(Table derived from question 19 of the interview schedule)

Table 17 shows that most respondents viewed themselves as 'untypical' clients of a social services department, prior to their first interview.

Table 18
Distribution of the 150 respondents with physical disabilities by what they thought of clients of a social services department who did not have physical disabilities, prior to their first interview

<u>Very Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
18	30	102	150

(Table derived from question 20 of the interview schedule)

Table 18 shows that most respondents thought that clients of a social services department who did not have physical disabilities, were 'undeserving' of help, prior to their first interview.

Table 19
Distribution of the 150 respondents with physical disabilities by whether they tried to keep from their informal and/or formal networks that they were a potential client of a social services department, prior to their first interview

	<u>Yes</u>	<u>No</u>	<u>Total</u>
Informal networks	103	47	150
Formal networks	118	32	150

(Table derived from question 21 of the interview schedule)

Table 19 shows that most respondents tried to keep from both their informal and formal networks that they were a potential client of a social services department, prior to their first interview.

Subsequent Career

Table 20
Distribution of the 61 respondents with physical disabilities by why they allowed themselves to be referred to a social services department again

<u>Reason</u>	<u>No. of Respondents</u>
No alternative	52
Hope for some help	6
Recommended	-
Social Worker arrived on the door-step'.	3
	<u>61</u>

(Table derived from question 22 of the interview schedule)

Table 20 shows that most respondents allowed themselves to be referred again to a social services department, because there seemed to be no alternative way of obtaining help with problems.

Table 21
Distribution of the 61 respondents with physical disabilities by how they felt about being referred again to a social services department.

<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Total</u>
-	5	56	61

(Table derived from question 23 of the interview schedule)

Table 21 shows that most respondents were 'unhappy' about being referred to a social services department again.

Respondents with Physical Disabilities;
Section B - The Active Stage (Questions relating to the active stage of the client career through a social services department)

First Career

Table 22
Distribution of the 150 respondents with physical disabilities by whether they found their first interview with a social worker helpful or unhelpful, and the reasons for this decision

<u>Identified Problem</u>	<u>Helpful</u>	<u>Unhelpful</u>	<u>Total</u>
Material	Resources etc were made available (31)	No resources etc offered (119)	150
Non-Material	Social Worker tried to understand (20)	Social Worker appeared to believe that a request for non-material aid reflected a 'weakness' in the respondent (130)	150

(Table derived from questions 24 and 25 of the interview schedule)

Table 22 shows that most respondents found their first interview with a social worker 'unhelpful' in relation to their identified problem(s). In discussing material problems, respondents made two general criticisms, first that resources did not appear to be available, and second that social workers appeared to blame the respondent for having the problem.

With regard to non-material problems, respondents spoke of being made to feel 'guilty', or to believe that they were inadequate, by the social worker, approaches which respondents felt did not help with solving their problem.

Respondents also claimed that social workers tended to blur the distinction between material and non-material problems, which was confusing for them.

Table 23
Distribution of the 150 respondents with physical disabilities by how they thought they responded to the social worker at the beginning of the first interview

Very Actively	Actively	Passively	Total
4	49	97	150

(Table derived from question 26 of the interview schedule)

Table 23 shows that most respondents thought they responded 'passively' towards the social worker at the beginning of the first interview.

Table 24
Distribution of the 150 respondents with physical disabilities by whether they thought the way they responded to the social worker changed in any way during the interview, and the direction of this change

Direction of Change			Total
More Active	More Passive	No Change	
22	105	25	150

(Table derived from question 27 of the interview schedule)

Table 24 shows that most respondents thought they responded more passively towards the social worker

during the first interview.

Table 25
Distribution of the 150 respondents with physical disabilities by whether they thought the response of the social worker changed in any way over subsequent interviews, and the direction of the change

Direction of Change			
<u>More Passive</u>	<u>More Dominant</u>	<u>No Change</u>	<u>Total</u>
23	97	30	150

(Table derived from question 28 of the interview schedule)

Table 25 shows that most respondents thought that the response of the social worker became 'more dominant' over subsequent interviews.

Table 26
Distribution of the 150 respondents with physical disabilities by whether they thought the way they responded to the social worker, changed over subsequent interviews, and the direction of the change

Direction of Change			
<u>More Active</u>	<u>More Passive</u>	<u>No Change</u>	<u>Total</u>
15	89	46	150

(Table derived from question 29 of the interview schedule)

Table 26 shows that most respondents thought they responded more passively towards the social worker over subsequent interviews. $\frac{1}{3}$ of respondents thought there was 'no change' in their behaviour.

Table 27
Distribution of the 150 respondents with physical disabilities by whether they tried to persuade the social worker to give an alternative service to the one offered, and the direction of this change

Direction of Change			
Towards more material aid	Towards more non-material aid	No Change	Total
82	17	51	150

(Table derived from question 30 of the interview schedule)

Table 27 shows that most respondents tried to persuade the social worker to give more material aid, as an alternative service to the one offered. $\frac{1}{3}$ of respondents thought they did not try to persuade the social worker to give an alternative service.

Table 28
Distribution of the 150 respondents with physical disabilities by whether their opinion of the potential help available from a social services department, changed after the first interview, and the direction of the change

Direction of Change			
<u>Greater Potential</u>	<u>Less Potential</u>	<u>No Change</u>	<u>Total</u>
17	102	31	150

(Table derived from question 31 of the interview schedule)

Table 28 shows that most respondents thought that a social services department held 'less potential' for help, after their first interview.

Table 29

Distribution of the 150 respondents with physical disabilities by whether they were more or less willing to inform their informal and/or formal networks that they were clients of a social services department, after their first interview

	<u>More Willing</u>	<u>Less Willing</u>	<u>No Change</u>	<u>Total</u>
Informal network	11	48	98	150
Formal network	17	34	99	150

(Table derived from question 32 of the interview schedule)

Table 29 shows that most respondents were unchanged in their willingness to inform either their informal or their formal networks that they were clients of a social services department, after their first interview.

Table 30

Distribution of the 150 respondents with physical disabilities by whether they thought that neighbours gossiped about their being clients of a social services department

Thought Neighbours Gossiped		
<u>Yes</u>	<u>No</u>	<u>Total</u>
46	104	150

(Table derived from question 33 of the interview schedule)

Table 30 shows that most respondents thought that neighbours did not gossip about their being clients of a social services department; $\frac{1}{3}$ of respondents thought that neighbours did gossip.

Subsequent Career

Table 31
 Distribution of the 61 respondents with
 physical disabilities by whether they
 found their first interview with a social
 worker on a subsequent career, helpful or
 unhelpful, and the reasons for this decision

<u>Identified Problem</u>	<u>Helpful</u>	<u>Unhelpful</u>	<u>Total</u>
Material	Resources etc were made available (5)	No resources etc offered (56)	61
Non-material	Social Worker tried to understand (3)	Social Worker appeared to believe that a request for non-material aid, reflected a 'weakness' in the respondent (58)	61

(Table derived from questions 34 and 35 of the interview schedule)

Table 31 shows that most respondents found their first interview with a social worker on a subsequent career 'unhelpful' in relation to their identified problem(s).

In discussing material problems, respondents made two general criticisms, first that resources did not appear to be available, and second, that social workers appeared to blame the respondent for having the problem.

With regard to non-material problems, respondents spoke

of being made to feel guilty, or to believe that they were inadequate, by social workers, approaches which respondents felt did not help with solving their problem.

Respondents also claimed that social workers tended to blur the distinction between material and non-material problems, which was confusing for them.

Table 32

Distribution of the 61 respondents with physical disabilities by how they thought they responded to the social worker at the beginning of the first interview on a subsequent career

Very			
<u>Actively</u>	<u>Actively</u>	<u>Passively</u>	<u>Total</u>
-	20	41	61

(Table derived from question 36 of the interview schedule)

Table 32 shows that $\frac{2}{3}$ of respondents thought they responded 'passively' towards the social worker at the beginning of the first interview on a subsequent career. $\frac{1}{3}$ of respondents thought they responded 'actively'.

Table 33

Distribution of the 61 respondents with physical disabilities by whether they thought the way they responded to the social worker changed in any way during the first interview of a subsequent career, and the direction of the change

Direction of Change			
<u>More Active</u>	<u>More Passive</u>	<u>No Change</u>	<u>Total</u>
-	52	9	61

(Table derived from question 37 of the interview schedule)

Table 33 shows that most respondents thought they responded more passively towards the social worker during the first interview of a subsequent career.

Table 34

Distribution of the 61 respondents with physical disabilities by whether they thought the response of the social worker changed in any way during the first interview on a subsequent career, and the direction of the change

Direction of Change			
<u>More Passive</u>	<u>More Dominant</u>	<u>No Change</u>	<u>Total</u>
3	43	15	61

(Table derived from question 38 of the interview schedule)

Table 34 shows that most respondents thought that the response of the social worker became 'more dominant' during the first interview of a subsequent career.

Table 35

Distribution of the 61 respondents with physical disabilities by whether they thought the way they responded to the social worker changed over subsequent interviews of a subsequent career, and the direction of the change

Direction of Change			
<u>More Active</u>	<u>More Passive</u>	<u>No Change</u>	<u>Total</u>
3	49	9	61

(Table derived from question 39 of the interview schedule)

Table 35 shows that most respondents thought they responded more passively towards the social worker over subsequent interviews of a subsequent career.

Table 36

Distribution of the 61 respondents with physical disabilities by whether they tried to persuade the social worker to give an alternative service to the one offered, on a subsequent career, and the direction of this change

Direction of Change			
<u>Towards more material aid</u>	<u>Towards more non-material aid</u>	<u>No Change</u>	<u>Total</u>
48	3	10	61

(Table derived from question 40 of the interview schedule)

Table 36 shows that most respondents tried to persuade the social worker to give more material aid, as an alternative service to the one offered.

Table 37

Distribution of the 61 respondents with physical disabilities by whether their opinion of the potential help available from a social services department changed after the first interview of a subsequent career, and the direction of the change

Direction of Change			
<u>Greater Potential</u>	<u>Less Potential</u>	<u>No Change</u>	<u>Total</u>
2	47	12	61

(Table derived from question 41 of the interview schedule)

Table 37 shows that most respondents thought that a social services department held 'less potential' for help, after their first interview of a subsequent career.

Table 38

Distribution of the 61 respondents with physical disabilities by whether they were more or less willing to inform their informal and/or formal networks that they were clients of a social services department, after their first interview of a subsequent career

	<u>More Willing</u>	<u>Less Willing</u>	<u>No Change</u>	<u>Total</u>
Informal network	-	22	39	61
Formal network	2	18	41	61

(Table derived from question 42 of the interview schedule)

Table 38 shows that respondents were unchanged in their willingness to inform either their informal or their formal networks that they were clients of a social services department, after their first interview of a subsequent career.

Respondents with Physical Disabilities;
Section C - The Termination Stage (Questions relating to the
 termination stage of the client career through a social services
 department)

First Career

Table 39
 Distribution of the 150 respondents with
 physical disabilities by how their career
 with a social services department was
 terminated

<u>Mutual Consent</u>	<u>Social Worker's Decision</u>	<u>Client's Decision</u>	<u>Don't Know</u>	<u>Total</u>
24	76	5	45	150

(Table derived from question 43 of the interview schedule)

Table 39 shows that most respondents thought that the
 social worker terminated the career of people with physical
 disabilities. $\frac{1}{3}$ of respondents did not know why their career
 was terminated.

Table 40
 Distribution of the 150 respondents with
 physical disabilities by the criteria used
 to terminate their career with a social services
 department

<u>Problem Solved</u>	<u>Criteria Used Social Worker Left</u>	<u>Don't Know</u>	<u>Total</u>
31	56	63	150

(Table derived from question 44 of the interview schedule)

Table 40 shows that respondents thought the criteria used

to terminate their career with a social services department was either the social worker leaving his employment, or some other, of which the respondents were unaware. Respondents frequently commented that they assumed their career had ceased when the social worker no longer appeared!

Table 41
Distribution of the 150 respondents with physical disabilities by the number of interviews they had with a social worker before their career was terminated

Number of Interviews				<u>Total</u>
<u>One Interview</u>	<u>Three Interviews</u>	<u>Six Interviews</u>	<u>More Than Six Interviews</u>	
3	94	5	48	150

(Table derived from question 45 of the interview schedule)

Table 41 shows that most respondents had 3 interviews with a social worker during their career, before contact with the social services department was terminated. $\frac{1}{3}$ of respondents had more than 6 interviews in their career.

Table 42
Distribution of the 150 respondents with physical disabilities by whether they felt they established a good working relationship with the social worker

Good Relationship Established?			
<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Total</u>
86	46	18	150

(Table derived from question 46 of the interview schedule)

Table 42 shows that most respondents felt they established

a good working relationship with the social worker. $\frac{1}{3}$ of respondents felt they did not establish a good working relationship.

Table 43
Distribution of the 150 respondents with physical disabilities by whether they would have preferred a social worker with physical disabilities, and the reasons for this decision

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Total</u>
	141	-	9	150
Reasons;				
1.Social Worker				
would be more				
understanding				
2.Social Worker				
would be more				
interested in				
respondent's				
problems				
3.Social Worker				
would be better				
informed				

(Table derived from question 47 of the interview schedule)

Table 43 shows that most respondents would have preferred a social worker with physical disabilities, because they believed they would have been more understanding of the problems experienced by people with physical disabilities, would be more interested in solving these problems by making themselves better informed about them.

Table 44
Distribution of the 150 respondents with physical disabilities by how they thought social services departments viewed clients with physical disabilities, at the end of their career

Very			
<u>Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
2	30	118	150

(Table derived from question 48 of the interview schedule)

Table 44 shows that most respondents thought that social services department viewed clients with physical disabilities as 'undeserving' of help, at the end of their career.

Table 45
Distribution of the 150 respondents with physical disabilities by whether they would approach a social services department again on their own initiative

<u>Would Approach</u>	<u>Would Not Approach</u>	<u>Total</u>
47	103	150

(Table derived from question 49 of the interview schedule)

Table 45 shows that most respondents would not approach a social services department again, on their own initiative. $\frac{1}{3}$ of respondents said they would approach a social services department again, as there was no other alternative choice available to them.

Table 46
Distribution of the 150 respondents with physical disabilities by whether they would allow themselves to be referred again to a social services department

<u>Would Allow</u>	<u>Would Not Allow</u>	<u>Don't Know</u>	<u>Total</u>
73	65	12	150

(Table derived from question 50 of the interview schedule)

Table 46 shows that respondents were equally divided between those who would and those who would not allow themselves to be referred again to a social services department.

Table 47
Distribution of the 150 respondents with physical disabilities by the changes they would like to see in the services provided by a social services department

<u>Changes</u>	<u>Yes</u>	<u>No</u>	<u>Total</u>
No changes	-	150	150
Better Qualified Social Workers	128	22	150
More Caring Social Workers	62	88	150
Wider range of services	120	30	150
Higher level of services	138	12	150
More accessible services	102	48	150
More adaptable services	114	36	150

(Table derived from question 51 of the interview schedule)

Table 47 shows that all respondents would like to see some changes in the services provided by a social services department, and in particular, better qualified social workers, a wider range of services, higher level of services (quantity), more accessible and more adaptable services. Respondents were divided on whether they wanted

more caring social workers.

Table 48

Distribution of the 150 respondents with physical disabilities by what they thought about other clients of a social services department who also had physical disabilities, at the end of their career

Very			
<u>Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
51	90	9	150

(Table derived from question 52 of the interview schedule)

Table 48 shows that most respondents thought that other clients of a social services department who also had physical disabilities were 'deserving' of help, at the end of their career.

Table 49

Distribution of the 150 respondents with physical disabilities by whether they viewed themselves as typical clients of a social services department, at the end of their career

<u>Typical</u>	<u>Untypical</u>	<u>Total</u>
40	110	150

(Table derived from question 53 of the interview schedule)

Table 49 shows that most respondents viewed themselves as 'untypical' clients of a social services department, at the end of their career.

Table 50

Distribution of the 150 respondents with physical disabilities by what they thought of clients of a social services department who did not have physical disabilities, at the end of their career

<u>Very Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
18	32	100	150

(Table derived from question 54 of the interview schedule)

Table 50 shows that most respondents thought that clients of a social services department who did not have physical disabilities, were 'undeserving' of help, at the end of their career.

Table 51

Distribution of the 150 respondents with physical disabilities by whether their total career has changed their view about the services offered by a social services department, and the direction of the change

Direction of Change			
<u>More Positive</u>	<u>More Negative</u>	<u>No Change</u>	<u>Total</u>
18	127	5	150

(Table derived from question 55 of the interview schedule)

Table 51 shows that most respondents are 'more negative' in their views towards the services offered by a social services department after their total career as a client of a social services department.

Table 52
Distribution of the 150 respondents with
physical disabilities by whether they would
recommend a social services department to
their friends with physical disabilities

<u>Would Recommend</u>	<u>Would Not Recommend</u>	<u>Total</u>
89	61	150

(Table derived from question 56 of the
interview schedule)

Table 52 shows that respondents are just in favour of
recommending a social service department to their friends
with physical disabilities.

Table 53
Distribution of the 150 respondents with
physical disabilities by how caring they
thought society was for its members with
physical disabilities, at the end of their
career

Very <u>Caring</u>	<u>Caring</u>	<u>Uncaring</u>	<u>Total</u>
-	20	130	150

(Table derived from question 57 of the
interview schedule)

Table 53 shows that respondents thought that society was
'uncaring' of its members with physical disabilities, at the end
of their career.

Table 54
Distribution of the 150 respondents with
physical disabilities by whether they would
have preferred money as a substitute for
interviews with a social worker, at the end
of their career

<u>Would Have</u> <u>Preferred Money</u>	<u>Would Not Have</u> <u>Preferred Money</u>	<u>Don't Know</u>	<u>Total</u>
112	15	23	150

(Table derived from question 58 of the interview schedule)

Table 54 shows that most respondents would have 'preferred money' as a substitute for interviews with a social worker, at the end of their career.

Respondents who were Social Workers;
Section D - The Referral Stage (Questions relating to the
referral stage of the client career through a social services
department)

First Career

Table 55
Distribution of the 90 respondents who were
social workers by the problems with which
they thought people with physical disabilities
would be referred to a social services
department

	<u>Identified Problem</u>	<u>Number of Respondents</u>
	Mobility	90
	Financial	67
(A)	Employment	71
	Housing	41
	Domestic Help	90
	Education	45
	<u>Recreation</u>	90
	Isolation	90
(B)	Inter-personal	80
	Emotional	90

(Table derived from question 59 of the
interview schedule)

Table 55 shows the range of material (section (A)) and non-material (section (B)) problems with which respondents who were social workers thought that people with physical disabilities would be referred to a social services department. Most respondents thought that people with physical disabilities would be referred for material problems of mobility, finance, employment, domestic help, and recreation, and non-material problems of isolation, inter-personal and emotional. $\frac{1}{2}$ of the respondents thought referrals would be for housing and education.

Table 56
Distribution of the 90 respondents who were social workers by whether they thought people with physical disabilities approached informal/formal networks prior to being referred to a social services department, and whether they would find these approaches helpful or unhelpful in relation to their identified problem

Identified Problem	Informal Network			Formal Network		
	Helpful	Unhelpful	No Approach	Helpful	Unhelpful	No Approach
Mobility	21	60	9	78	10	2
Financial	40	45	5	82	6	2
(A) Employment	22	45	23	30	52	8
Housing	31	15	44	56	21	13
Domestic Help	15	55	20	82	8	-
Education	10	65	15	82	8	-
Recreation	31	25	34	88	2	-
Isolation	10	72	8	85	4	1
(B) Inter-personal	10	72	8	88	2	-
Emotional	10	74	6	87	3	-

(Table derived from question 60 of the interview schedule)

Table 56 shows the range of approaches which respondents who were social workers thought people with physical disabilities made to informal (e.g. friends, relative who were not members of the immediate family) and formal (e.g. doctors, DHSS) networks for help with identified problems, both material (section (A)) and non-material (Section (B)), prior to being referred to a social services department.

Approaches to informal networks for help with problems of mobility were generally thought to be 'unhelpful', although almost $\frac{1}{3}$ of respondents thought they would be 'helpful'. Approaches to formal networks were thought to be 'helpful'.

Respondents were divided in their opinion whether approaches to informal networks for help with problems of finance would be 'helpful' or 'unhelpful'; respondents thought that approaches to formal networks would be 'helpful'.

Respondents were divided in their opinion whether approaches to informal networks for help with problems of employment would be 'unhelpful', 'helpful', or whether 'no approach' would be made; most respondents thought this approach would not be 'helpful'. With regard to approaches to formal networks, respondents were again divided in their opinions between 'helpful' and 'unhelpful', with most thinking the approach would not be 'helpful'.

Respondents were divided in their opinion whether approaches to informal networks for help with problems of housing would be 'helpful' or whether 'no approach' would be made. With regard to approaches to formal networks, most thought these would be 'helpful', although $\frac{1}{3}$ of respondents thought they would be 'unhelpful', or that 'no approach' would be made.

Approaches to informal networks for help with problems of a domestic nature were thought to be 'unhelpful'; approaches to formal networks were thought to be 'helpful'.

Approaches to informal networks for help with problems of

education were thought to be 'unhelpful'; approaches to formal networks were thought to be 'helpful'.

Respondents were divided in their opinion whether approaches to informal networks for help with problems of recreation were 'helpful', 'unhelpful' or whether 'no approach' would be made. Respondents thought that approaches to formal networks would be 'helpful'.

Approaches to informal networks for help with non-material (section (B)) problems, were thought to be 'unhelpful'. Approaches to formal networks were thought to be 'helpful'.

We can, therefore, summarise the fore-going discussion by noting that respondents were divided in their opinions whether approaches to informal networks for help with material (section (A)) problems would be 'helpful', 'unhelpful' or whether 'no approach' would be made; most respondents did not think the approaches would be 'helpful'. Respondents thought that approaches to formal networks for help with material problems would be 'helpful', with the exception of employment problems, where most respondents thought the approach would not be 'helpful'.

Approaches to informal networks for help with non-material (section (B)) problems were thought to be 'unhelpful' whilst approaches to formal networks were thought to be 'helpful'.

Table 57

Distribution of the 90 respondents who were social workers by whom they thought referred people with physical disabilities to a social services department

<u>Source of Referral</u>	<u>No. of Respondents</u>		<u>Total</u>
	<u>Yes</u>	<u>No</u>	
Relatives	51	39	90
(C) Friends	76	14	90
Self	74	16	90
Own GP	90	-	90
(D) Hospital	90	-	90
Minister of Religion	24	66	90

(Table derived from question 61 of the interview schedule)

(N.B. (C) = Informal Networks; (D) = Formal Networks)

Table 57 shows that respondents who were social workers thought that referrals of people with physical disabilities to a social services department, would come from informal (section (C)) (particularly friends and self) and formal (section (D)) (particularly GP and Hospital) networks.

Table 58

Distribution of the 90 respondents who were social workers by the priority they thought was given to people with physical disabilities by social services departments.

<u>High Priority</u>	<u>Low Priority</u>	<u>Total</u>
6	84	90

(Table derived from question 62 of the interview schedule)

Table 58 shows that most respondents who were social workers, thought that a 'low priority' was given to people with physical disabilities by social services departments.

Table 59

Distribution of the 90 respondents who were social workers by whether they thought that a higher priority was given, by social services departments, to referrals of people with physical disabilities, from formal than from informal networks

<u>More Priority Given to Formal Referrals</u>	<u>More Priority Given to Informal Referrals</u>	<u>Equal Attention</u>	<u>Total</u>
78	5	7	90

(Table 59 derived from question 63 of the interview schedule)

Table 59 shows that most respondents who were social workers thought that a higher priority was given, by social services departments, to referrals of people with physical disabilities, from formal than from informal networks.

Table 60

Distribution of the 90 respondents who were social workers by why they thought that people with physical disabilities allowed themselves to be referred to a social services department

<u>Reason</u>	<u>No. of Respondents</u>
Need for the services available	84
Want support from a social worker	60
Recommended by a Friend	45
Hope for some help	53

(Table derived from question 64 of the interview schedule)

Table 60 shows that most respondents who were social workers, thought that people with physical disabilities allowed themselves to be referred to a social services department because they needed the services (material) available. $\frac{2}{3}$ of

respondents thought that people with physical disabilities allowed themselves to be referred, because they wanted the support (non-material) of the social worker. Other reasons put forward by $\frac{1}{2}$ of respondents were, 'recommended by a friend', and 'hope for some help'.

Table 61

Distribution of the 90 respondents who were social workers by how they thought people with physical disabilities felt about being referred to a social services department

<u>Very Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Total</u>
10	60	12	90

(Table derived from question 65 of the interview schedule)

Table 61 shows that most respondents who were social workers, thought that people with physical disabilities felt 'happy' about being referred to a social services department.

Table 62

Distribution of the 90 respondents who were social workers by how much help they thought people with physical disabilities expected to receive from a social services department in relation to their identified problem, prior to their first interview

<u>Identified Problem</u>	<u>Much Help</u>	<u>Some Help</u>	<u>Hardly any Help</u>	<u>Total</u>
Material	63	19	8	90
Non-Material	71	16	3	90

(Table derived from question 66 of the interview schedule)

Table 62 shows that most respondents who were social workers thought that people with physical disabilities expected 'much help' with their identified (material and non-material) problems, from a social services department, prior to their first interview.

Table 63

Distribution of the 90 respondents who were social workers by how much knowledge they thought that people with physical disabilities had of the work of a social services department, prior to their first interview

<u>Very Good knowledge</u>	<u>Some knowledge</u>	<u>Hardly any knowledge</u>	<u>Total</u>
24	56	10	90

(Table derived from question 67 of the interview schedule)

Table 63 shows that most respondents who were social workers thought that people with physical disabilities had 'some knowledge' of the work of a social services department, prior to their first interview.

Table 64

Distribution of the 90 respondents who were social workers by how they thought people with physical disabilities would expect the social worker to respond to their request for help, prior to their first interview

<u>Helpfully</u>	<u>Unhelpfully</u>	<u>Did Not Know</u>	<u>Total</u>
83	-	7	90

(Table derived from question 68 of the interview schedule)

Table 64 shows that most respondents who were social workers, thought that people with physical disabilities would expect the social worker to respond 'helpfully' to their request for help, prior to their first interview.

Table 65

Distribution of the 90 respondents who were social workers by whether they thought that people with physical disabilities would attempt to keep from their informal and formal networks, that they were potential clients of a social services department, prior to their first interview

	<u>Yes</u>	<u>No</u>	<u>Total</u>
Informal networks	20	70	90
Formal networks	5	85	90

(Table derived from question 69 of the interview schedule)

Table 65 shows that most respondents who were social workers thought that people with physical disabilities would not attempt to keep from their informal and formal networks, that they were potential clients of a social services department, prior to their first interview.

Respondents who were Social Workers;
Section E - The Active Stage (Questions relating to the active stage of the client career through a social services department)

First Career

Table 66

Distribution of the 90 respondents who were social workers by whether they thought that people with physical disabilities found their first interview with a social worker helpful or unhelpful, and the reasons for this decision

<u>Identified Problem</u>	<u>Helpful</u>	<u>Unhelpful</u>	<u>Total</u>
Material	Resources etc were made available (85)	No resources offered (5)	90
Non-material	Social Worker tried to understand (80)	Social Worker unable to 'reach' the client (10)	90

(Table derived from questions 70 and 71 of the interview schedule)

Table 66 shows that most respondents who were social workers thought that people with physical disabilities would find their first interview with a social worker 'helpful'.

With regard to material problems, social workers thought that resources would be made available, and with regard to non-material problems, that the social worker would try to understand the client and to meet his needs.

Table 67

Distribution of the 90 respondents who were social workers by how they thought people with physical disabilities would respond to the social worker, at the beginning of the interview

<u>Very Actively</u>	<u>Actively</u>	<u>Passively</u>	<u>Total</u>
42	43	5	90

(Table derived from question 72 of the interview schedule)

Table 67 shows that most respondents who were social workers, thought that people with physical disabilities would respond 'actively' to the social worker, at the beginning of the interview.

Table 68

Distribution of the 90 respondents who were social workers by whether they thought that the way in which people with physical disabilities respond to the social worker at the beginning of the first interview, changes in any way during the interview, and the direction of this change

Direction of Change			
<u>More Active</u>	<u>More Passive</u>	<u>No Change</u>	<u>Total</u>
65	3	22	90

(Table derived from question 73 of the interview schedule)

Table 68 shows that most respondents who were social workers, thought that the way in which people with physical disabilities respond to the social worker at the beginning of the first interview, changes, and becomes 'more active' during the interview.

Table 69

Distribution of the 90 respondents who were social workers by whether they thought the way the social worker responds to people with physical disabilities during the first interview, changes in any way during subsequent interviews, and the direction of the change

Direction of Change			<u>Total</u>
<u>More Passive</u>	<u>More Dominant</u>	<u>No Change</u>	
58	-	32	90

(Table derived from question 74 of the interview schedule)

Table 69 shows that most respondents who were social workers thought that the response of the social worker would become 'more passive' during subsequent interviews. $\frac{1}{3}$ of respondents thought there would be 'No change' in the response of the social worker.

Table 70

Distribution of the 90 respondents who were social workers by whether they thought that the way people with physical disabilities respond to the social worker, changes over subsequent interviews, and the direction of the change

Direction of Change			<u>Total</u>
<u>More Active</u>	<u>More Passive</u>	<u>No Change</u>	
68	-	22	90

(Table derived from question 75 of the interview schedule)

Table 70 shows that most respondents who were social workers, thought that people with physical disabilities would respond more actively to the social worker, over subsequent interviews.

Table 71

Distribution of the 90 respondents who were social workers by whether they thought that people with physical disabilities might try to persuade the social worker to give an alternative service to the one offered, and the direction of the change

Direction of Change		No Change	Total
Towards more material aid	Towards more non-material aid		
30	-	60	90

(Table derived from question 76 of the interview schedule)

Table 71 shows that most respondents who were social workers thought that people with physical disabilities would not try to persuade the social worker to give an alternative service to the one offered. $\frac{1}{3}$ of respondents thought that people with physical disabilities might try to persuade the social worker to give more material aid, as an alternative service.

Table 72

Distribution of the 90 respondents who were social workers by whether they thought that people with physical disabilities change their opinion of the potential help available from a social services department, after their first interview, and the direction of the change

Direction of Change		No Change	Total
Greater Potential	Less Potential		
63	-	27	90

(Table derived from question 77 of the interview schedule)

Table 72 shows that most respondents who were social workers

thought that people with physical disabilities would see 'greater potential' help available from a social services department, after their first interview. Almost $\frac{1}{3}$ of respondents thought there would be 'no change' in the opinions held by people with physical disabilities, after their first interview.

Table 73

Distribution of the 90 respondents who were social workers by whether they thought people with physical disabilities are more or less willing to inform their informal and/or formal networks that they are a client of a social services department, after the first interview

	<u>More Willing</u>	<u>Less Willing</u>	<u>No Change</u>	<u>Total</u>
Informal network	46	-	44	90
Formal network	70	-	20	90

(Table derived from question 78 of the interview schedule)

Table 73 shows that respondents who were social workers were divided in their opinions whether people with physical disabilities would be 'more willing' to inform their informal networks that they were a client of a social services department, after their first interview, or whether they would not change their views.

Most respondents thought that people with physical disabilities would be 'more willing' to inform their formal networks

that they were a client of a social services department.

Table 74
Distribution of the 90 respondents who were social workers by whether they thought people with physical disabilities thought their neighbours gossiped about their being clients of a social services department

Thought Neighbours Gossiped		
<u>Yes</u>	<u>No</u>	<u>Total</u>
14	76	90

(Table derived from question 79 of the interview schedule)

Table 74 shows that most respondents who were social workers thought that people with physical disabilities thought their neighbours did not gossip about their being clients of a social services department.

Respondents who were Social Workers;
Section F - The Termination Stage (Questions relating to the termination stage of the client career through a social services department)

First Career

Table 75
Distribution of the 90 respondents who were social workers by how they thought people with physical disabilities had their career with a social services department, terminated

<u>Mutual Consent</u>	<u>Social Worker's Decision</u>	<u>Client's Decision</u>	<u>Don't Know</u>	<u>Total</u>
68	3	19	-	90

(Table derived from question 80 of the interview schedule)

Table 75 shows that most respondents who were social workers, thought that people with physical disabilities had their career with a social services department terminated by 'mutual consent'.

Table 76
Distribution of the 90 respondents who were social workers by the criteria they thought was used to terminate the career which people with physical disabilities had with a social services department

<u>Problem Solved</u>	<u>Criteria Used Social Worker Left</u>	<u>Don't Know</u>	<u>Total</u>
83	2	5	90

(Table derived from question 81 of the interview schedule)

Table 76 shows that most respondents who were social workers thought that the criteria used to terminate the career which people with physical disabilities had with a social services department, was the solving of their problem(s).

Table 77

Distribution of the 90 respondents who were social workers, by how many interviews they thought people with physical disabilities had with a social worker before their career with a social services department was terminated

Number of Interviews				<u>Total</u>
<u>One Interview</u>	<u>Three Interviews</u>	<u>Six Interviews</u>	<u>More Than Six Interviews</u>	
-	82	8	-	90

(Table derived from question 82 of the interview schedule)

Table 77 shows that most respondents who were social workers thought that people with physical disabilities would have 'three interviews' with a social worker, before their career with a social services department was terminated.

Table 78

Distribution of the 90 respondents who were social workers by whether they thought people with physical disabilities establish a good working relationship with the social worker

Good Relationship Established?			
<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Total</u>
80	5	5	90

(Table derived from question 83 of the interview schedule)

Table 78 shows that most respondents who were social workers thought that people with physical disabilities

established a good working relationship with the social worker.

Table 79

Distribution of the 90 respondents who were social workers by whether they thought people with physical disabilities would prefer a social worker with physical disabilities, and the reasons for this decision

<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	<u>Total</u>
27	-	63	90

Reasons;

1. Having physical disabilities is not an important factor in the skill of a social worker

2. Having physical disabilities is only one aspect of a professional social worker

(Table derived from question 84 of the interview schedule)

Table 79 shows that most respondents who were social workers thought that people with physical disabilities might or might not prefer a social worker with physical disabilities. Many respondents commented that they did not view this facet of a social worker as a particularly important one, vis-a-vis clients; that it was only one facet among many.

Table 80
Distribution of the 90 respondents who were social workers by how they thought social services departments view clients with physical disabilities

<u>Very Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
68	22	-	90

(Table derived from question 85 of the interview schedule)

Table 80 shows that most respondents who were social workers thought that social services departments view clients with physical disabilities as 'deserving' of help.

Table 81
Distribution of the 90 respondents who were social workers by whether they thought that people with physical disabilities would approach a social services department again, on their own initiative, after one career.

<u>Would Approach</u>	<u>Would Not Approach</u>	<u>Total</u>
85	5	90

(Table derived from question 86 of the interview schedule)

Table 81 shows that most respondents who were social workers thought that people with physical disabilities would approach a social services department again on their own initiative, after one career.

Table 82

Distribution of the 90 respondents who were social workers by whether they thought that people with physical disabilities would allow themselves to be referred again to a social services department, after one career

<u>Would Allow</u>	<u>Would Not Allow</u>	<u>Don't Know</u>	<u>Total</u>
87	3	-	90

(Table derived from question 87 of the interview schedule)

Table 82 shows that most respondents who were social workers thought that people with physical disabilities would allow themselves to be referred again to a social services department, after one career.

Table 83

Distribution of the 90 respondents who were social workers by the changes they would like to see in the services provided by social services departments for people with physical disabilities

<u>Changes</u>	<u>Yes</u>	<u>No</u>	<u>Total</u>
No changes	-	90	90
Better Qualified Social Workers	90	-	90
More Caring Social Workers	39	51	90
Wider Range of Services	90	-	90
Higher Level of Services (Quantity)	90	-	90
More Accessible Services	76	14	90
More Adaptable Services	79	11	90

(Table derived from question 88 of the interview schedule)

Table 83 shows that most respondents who were social workers would like to see changes in the services provided by a social services department for people with physical

disabilities. In particular, they would like to see better qualified social workers, a wider range of services, a higher level (quantity) of services, more accessible and more adaptable services. Respondents were divided on whether they thought social workers could be 'more caring'.

Table 84

Distribution of the 90 respondents who were social workers by what they thought clients with physical disabilities thought about other clients of a social services department with physical disabilities

<u>Very Deserving</u>	<u>Deserving</u>	<u>Underserving</u>	<u>Total</u>
15	72	3	90

(Table derived from question 89 of the interview schedule)

Table 84 shows that most respondents who were social workers thought that clients with physical disabilities viewed other clients of a social services department with physical disabilities, as 'deserving' of help.

Table 85

Distribution of the 90 respondents who were social workers by whether they thought clients with physical disabilities viewed themselves as typical clients of a social services department

<u>Typical</u>	<u>Untypical</u>	<u>Total</u>
71	19	90

(Table derived from question 90 of the interview schedule)

Table 85 shows that most respondents who were social workers thought that clients with physical disabilities viewed themselves as 'typical' clients of a social services department.

Table 86

Distribution of the 90 respondents who were social workers, by what they thought clients of a social services department with physical disabilities thought about other clients who do not have physical disabilities

<u>Very Deserving</u>	<u>Deserving</u>	<u>Undeserving</u>	<u>Total</u>
10	73	7	90

(Table derived from question 91 of the interview schedule)

Table 86 shows that most respondents who were social workers thought that clients of a social services department with physical disabilities viewed other clients of the department without physical disabilities, as 'deserving' of help.

Table 87

Distribution of the 90 respondents who were social workers by whether they thought that people with physical disabilities change their view about the services offered by a social services department, after their total experience of the help offered by the department, and the direction of the change

Direction of Change			<u>Total</u>
<u>More Positive</u>	<u>More Negative</u>	<u>No Change</u>	
67	3	20	90

(Table derived from question 92 of the interview schedule)

Table 87 shows that most respondents who were social workers, thought that people with physical disabilities viewed the services offered by a social services department more positively, after their total experience of the help offered by the department.

Table 88

Distribution of the 90 respondents who were social workers, by whether they thought clients with physical disabilities would recommend a social services department to their friends who also had physical disabilities

<u>Would Recommend</u>	<u>Would Not Recommend</u>	<u>Total</u>
85	5	90

(Table derived from question 93 of the interview schedule)

Table 88 shows that most respondents who were social workers thought that clients with physical disabilities 'would recommend' a social services department to their friends who also had physical disabilities.

Table 89

Distribution of the 90 respondents who were social workers, by how caring they thought society was for its members with physical disabilities

<u>Very Caring</u>	<u>Caring</u>	<u>Uncaring</u>	<u>Total</u>
-	65	25	-

(Table derived from question 94 of the interview schedule)

Table 89 shows that most respondents who were social workers thought that society was 'caring' of its members with physical disabilities. Almost $\frac{1}{3}$ of respondents thought that society was 'uncaring'.

Table 90
Distribution of the 90 respondents who were social workers by whether they thought people with physical disabilities would prefer money as a substitute for interviews with a social worker

<u>Would Have Preferred Money</u>	<u>Would Not Have Preferred Money</u>	<u>Don't Know</u>	<u>Total</u>
50	39	1	90

(Table derived from question 95 of the interview schedule)

Table 90 shows that there were divided opinions among the 90 respondents who were social workers regarding whether they thought people with physical disabilities would prefer money as a substitute for interviews with a social worker; most respondents thought that money would be preferred.

References

- (1) Bogdan, R & Taylor, S.J. (1975) Introduction to Qualitative Research Methods, A Phenomenological Approach to the Social Sciences, N.Y, John Wiley & Sons, P.96

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THE MEANING OF THE HELP RECEIVED FROM SOCIAL WORKERS
IN SOCIAL SERVICES DEPARTMENTS BY PEOPLE WITH
PHYSICAL DISABILITIES: THE CONSUMER'S VIEW

Volume 2 of 2 volumes
(Chapters V to end)

Thesis submitted to the OPEN UNIVERSITY for the degree of
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CHAPTER V

DISCUSSIONIntroduction

In this chapter, we first compare clients with physical disabilities with non-clients with physical disabilities. We then compare our findings from clients with physical disabilities with our findings from social workers, through three stages of the client career, and we relate our discussion to the work of other writers and to other studies. From time to time, we draw attention to the need for replicatory studies or to gaps in knowledge, and suggest areas for future research.

Clients and Non-Clients (With Physical Disabilities)

We began this study by comparing two groups, those people with physical disabilities who became clients of a social services department, and those who did not (see Tables 2 to 4). Both groups contained more men than women (see table 2) which contrasts with studies by Goldberg & Neill⁽¹⁾ Glampson & Goldberg⁽²⁾ and Rees⁽³⁾ which found that clients of social services departments tend to be predominantly women.

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The clients in our sample tended to be single (see table 2) whilst non-clients were married. The predominant age range for both groups was 31 to 65 years, although we selected respondents from the age of 18 years. More non-clients tended to be in employment (defined as more than 30 hours per week, in line with the rules for DHSS Family Income Supplement) and we return to the important question of employment later in the study (see pages 228f and 239)

Both groups identified the same material problems, whilst clients identified non-material problems more often than non-clients (see Table 3).

Exploring these identified problems in more detail, we begin with 'mobility'. Bell⁽⁴⁾ has looked in a very descriptive way at both outdoor and indoor mobility, and if we begin with an examination of outdoor mobility, we can note that Sainsbury⁽⁵⁾ found only 20% of her sample could go out whenever they liked, whilst 35% of the sample reported only limited mobility out of doors. 25% of those unable to go out alone, lived on their own, and most of these experienced difficulty in finding someone to take them out. Sainsbury further notes that few people reported regular outings beyond their immediate neighbourhood.

On the other hand, Harris⁽⁶⁾ found that 75% of all impaired persons, are neither housebound or prevented from going where they wish by access problems, although 25% of them

can only go out with difficulty, and those who are housebound or prevented from going out, increase with age and severity of handicap, with only 22% of the severely handicapped (in Harris's terms) being able to go where they wish.

Gormley & Walters⁽⁷⁾ note that disabled people go out infrequently, for short periods, and the types of trips they made, were largely restricted to essential shopping, and visiting friends and relations.

Gormley & Walters also found that indoor mobility patterns are severely limited, in comparison with the general public; activities, such as going to the toilet, making beds, washing clothes, cooking, bathing, getting into bed, climbing stairs and general housework, are frequently problem areas. In the Sainsbury⁽⁸⁾ study, 97% of the sample required help with at least one of the above tasks.

Skipper et al⁽⁹⁾ in the USA explored the relationship between the mobility of women with physical disabilities, and the satisfaction of their everyday needs and the needs of their spouse, and found the correlation between total need satisfaction and mobility was low and not significant in the women; in other words, that greater mobility does not automatically lead to greater need satisfaction! Skipper et al also found that the less the women's mobility, the less their husband's companionship satisfaction.

Finally, Park⁽¹⁰⁾ who examined barriers to 'normality' (which

he defined as bringing the person with physical disabilities back into mainstream society) in the USA found transportation and mobility problems as major barriers. He had previous experience of conducting studies on people with physical disabilities in 32 different communities, and in each of these communities, he found transportation to be a primary problem. He argues that if an effective transportation system could have been provided, the number of people served by community resources would have been doubled. We wonder if our present-day social services departments could cope with this increase in demand!

A second identified problem (see tables 3 and 4) was 'finance'. Jordan⁽¹¹⁾ has noted that poverty and low income affects a large number of people with physical disabilities, and she suggests that the majority of people with severe physical disabilities who live in the community, depend on financial aid from the statutory sources. Leaving aside how we might actually define 'severe physical disability', there is no doubt that poverty and physical disability are linked. Townsend⁽¹²⁾ argues that $\frac{2}{3}$ of the people with physical disabilities in Britain are now in poverty or on its margins, and he produces evidence for this assertion. Walker⁽¹³⁾ has also written in some detail showing that disability and financial need are closely related, and that disability creates needs and costs whilst reducing the opportunities for employment. Harris⁽¹⁴⁾ noted in 1971 that between:

'35% and 40% of the handicapped are in receipt of supplementary benefit, and, on the whole, the incomes of handicapped and impaired people are lower than those for the general population.'

Walker⁽¹⁵⁾ has also drawn attention to the complex and arbitrary nature of statutory benefits, which are based on different principles and a large number of different criteria for eligibility. Simkins & Tickner⁽¹⁶⁾ found 55 separate welfare benefits available to people with physical disabilities, and Thomas⁽¹⁷⁾ has commented on the bureaucratic tangled web of legislation, rights, allowances and claiming procedures as the most important obstacle facing people with physical disabilities. Townsend⁽¹⁸⁾ has recently drawn attention to the many thousands of claimants who do not obtain their full entitlement to benefits, basing his information on studies in Strathclyde, North Yorkshire, Chapeltown, Harlow and London. The evidence given to the House of Commons Social Services Committee by the DHSS in 1982, indicates that £90 million was unclaimed by people with physical disabilities under pensionable age in 1979, the equivalent of £15.40 per week, per claimant which by 1983 prices, would have increased to £140 million and £23 per week.

So complex are statutory welfare benefits now, that some social services departments employ 'Welfare Rights Officers' to help people find their way through the rules and regulations, and a list of these 'Welfare Rights Officers' has recently

been published. (18a)

Closely linked to financial aspects is the third identified problem of 'employment'. We noted earlier (see page 166) that lack of employment opportunities was the main cause of employment problems for clients, whilst limited promotion prospects, along with the availability, only of boring and unskilled work, was the main problem for non-clients (see Table 4).

Blaxter⁽¹⁹⁾ has focused on working life as one of the most important areas in which problems may arise for people with physical disabilities. Lancaster-Gaye⁽²⁰⁾ has reminded us that work is highly valued as a means of economic independence, as a status symbol and as a virtue in itself, and, therefore, it becomes very important in terms of the normalisation of people with physical disabilities, to integrate them, as far as possible, into the general workforce.

A number of writers have explored employment and the needs of people with physical disabilities⁽²¹⁾. For example, Sainbury⁽²²⁾ noted of her sample, that 26% of people below pensionable age derived most of their income from earnings. Grover & Gladstone⁽²³⁾ found that in 1975, 16% of people with physical disabilities were unemployed, compared with 12% of the general population; by now, the rate is higher. They suggest that employers are becoming less willing to employ people with physical disabilities.

Bell⁽²⁴⁾ notes the existence of a number of aspects to be considered around obtaining employment. The employer has, of course, to be willing to employ; the person has to know of the vacancy and to be able to reach its location. The more skills which can be offered, the more easy it is to find employment, which raises the important question of education and training for people with physical disabilities, which we discuss later. (See page 236f)

Blaxter⁽²⁵⁾ found that the greatest sources of help were informal networks; our study does not support this finding (see Table 7).

People with physical disabilities want 'proper' jobs, because, as Blaxter⁽²⁶⁾ and Townsend⁽²⁷⁾ note, sheltered jobs have a stigmatising effect which prevents movement into normal, open employment. With reference to discrimination, Townsend⁽²⁸⁾, Loach⁽²⁹⁾, Glendinning⁽³⁰⁾ and Campling⁽³¹⁾ suggest that employment problems are more acute for women than for men, and that Government policies towards employment for people with physical disabilities are narrow, uninformed and unsympathetic. Townsend quotes the proposed abolition by the Department of Employment of the quota scheme, even after 86% of people with physical disabilities who were interviewed by the Manpower Services Commission in 1979 were in favour of the scheme. Professor Stubbins⁽³²⁾ notes the division of opinion

between civil servants, employers, trades unions and people with physical disabilities, and the greater importance given to the views of employers. Townsend believes that Government action might be due to their gloomy long-term view of the economy, and the belief that unemployment will remain high, and that people with physical disabilities should be among the first to be axed from employment.⁽³³⁾ Even when they are employed, they tend to be lower paid, to work longer hours for the same pay and to have poorer conditions of service⁽³⁴⁾.

In 1982 a Private Members Bill was introduced in Parliament to outlaw discrimination against people with physical disabilities based on a report from the Committee on Restrictions against Disabled People (CORAD) which was set up under the Labour Administration in 1979, but this Private Members Bill was rejected.

Oliver⁽³⁵⁾ has suggested that social workers might help people with physical disabilities to obtain employment, by making this task a part of their role and by ensuring that their own social services departments employ people with physical disabilities in addition to criticising other Departments which do not.

We examine discrimination further, later in the study (see page 305), here we now examine 'housing', the fourth identified problem.

We found that unsuitable housing was the main reason given for housing problems (see Table 4). Oliver⁽³⁶⁾ and DHSS Reports⁽³⁷⁾ have noted that for many people with physical disabilities living alone, the institution is where they will probably end their lives, although the community is by far the most appropriate place for them, perhaps in a village for people with physical disabilities, a collective house, an Independent Unit or in provision made by a Housing Association.

Oliver⁽³⁸⁾ arguing from a 'social construction of disability' suggests that social workers among other groups, should consider ways in which the physical environment prevents people with physical disabilities from living in the community, a consideration which leads to an examination of the need for suitable and adequate housing for them.

Stock⁽³⁹⁾ has also drawn attention to the lack of suitable housing as being a major impediment to integration of people with physical disabilities into the community, leaving only residential care as an alternative, which precludes participation in education, employment and leisure activities in mainstream society. Stock sketches an alternative model of adaptive housing, based on a co-operative living concept which allowed maximum independence and flexibility for each person in an informal and unstructured atmosphere. Brett⁽⁴⁰⁾ (a writer with physical disabilities) has suggested that one of the greatest aids to enable people with physical disabilities to live a full and relatively

independent life, is the provision of suitable housing. Bristow⁽⁴¹⁾ also found that 53% of her sample found their lives were made more difficult by the unsuitability of the places where they lived.

Shearer⁽⁴²⁾ has estimated that in 1980 the number of 'starts' to mobility housing which enables people with physical disabilities to live in ordinary communities rather than on the peripheries, fell by an estimated 1,000 to 5,000 in the local authority sector, and from 2316 to 392 among housing associations.

Sainsbury⁽⁴³⁾, in her study, draws attention to the two related problems of inadequate and unsuitable houses. Inadequate housing lacked indoor flush WC, fixed bath, piped water and hot water, whilst unsuitable housing had steps, inadequate WC, taps, sink, cooker, light switches, cupboards, meters, windows, doors etc, and $\frac{2}{3}$ of her sample lived in unsuitable accommodation.

As early as 1956, the Piercy Committee pleaded that all⁽⁴⁴⁾:

'Those responsible for new local authority housing schemes, should bear in mind the needs of the disabled',

and the Housing Act, 1974 made provision for those living in privately owned accommodation to receive improvement and adaptation grants from the local authority⁽⁴⁵⁾. After

requiring local authorities to determine the numbers of their disabled citizens, and to provide those in need with specific services, the main emphasis of the Chronically Sick and Disabled Persons Act, 1970, was on improving housing and access facilities for people with physical disabilities, living in the public housing sector. (Section 3). Section 2 of the Act imposed a duty on local authority social services departments to assist people with physical disabilities to obtain adaptations to their housing. We examine this legislation further, later in the study (see page 308), and we complete this section by noting that Oliver⁽⁴⁶⁾ has argued that the first task for social workers working with people with physical disabilities, is to ensure that those who are at risk of being forced into residential care, are given the option of remaining in the community with adequate support, which includes housing support.

The fifth identified problem area was 'domestic help', identified as a problems because of the limited availability of 'home helps' and 'neighbourly help' (see Table 4). The main emphasis of the Chronically Sick and Disabled Persons Act, 1970 was on the personal needs of people with physical disabilities living in their own homes. Section 1 of the Act imposed a duty on local authority social services departments, to ascertain how many such persons there were in their area, and then to inform these persons of the services available. Section 2 of the Act imposed a duty on all local authorities to provide a specified range of services to any people with physical

disabilities living in the area, and one of these services was the provision of home helps. When a person with physical disabilities cannot cope with the tasks of running a home, a home help may be supplied by the social services department for a few hours each week. The home help can assist with household duties such as cleaning, laundry, shopping, cooking etc. Some local authorities also provide, through the home help service, a night-sitter service and resident help. Even fewer local authorities have developed a comprehensive home care service. In addition, local authorities are responsible for a 'meals on wheels' service, which is often delegated to voluntary workers.

However, Harris⁽⁴⁷⁾ found that only 7% of people with physical disabilities received a home help service, and Sainsbury⁽⁴⁸⁾ found only 2% of the persons she interviewed, required no help with personal or household tasks, but only 25% received a home help service. A tenth of those receiving the service said they had been without help on a number of occasions, which reflect the findings from this study (see table 4). The service only allows for two or three days help per week. In Sainsbury's study, half the recipients were only helped for four hours each week. In addition, 38% were unable to cook their own meals, but only 4% received meals-on-wheels. On days when the service did not operate, $\frac{1}{2}$ of the recipients went without a meal; no meals were provided at weekends

Included in domestic help, is also the need for a laundry service.

Statutory services, then, are very piece-meal, and there is no guarantee that these services will be available. In addition, need is assessed by the local authority and not by the person requiring the service. Therefore, many people are not aware what might be available to them, and have no redress if services are not provided. Reflections of these aspects were found in our study (see table 4). It seems likely that these services are primarily intended as an addition to, rather than a substitute for, help normally provided by relatives or neighbours, the other issue raised in our study.

Oliver⁽⁴⁹⁾ has demonstrated the strain under which many relatives exist, caring for people with physical disabilities, and no doubt, neighbours are not so willing to put themselves to this test.

Sainsbury found⁽⁵⁰⁾ that 79% of her sample living alone, depended to some extent on the help available outside of the family. Generally, neighbourly help was limited to shopping, although $\frac{1}{3}$ of those receiving help outside of the home were helped with household tasks by neighbours.

In 1980, the Secretary of State for Social Services said:⁽⁵¹⁾

'My colleagues and I.....have stressed the key role of the family, friends and neighbours.

We have sought to persuade social services departments to try to build partnerships with voluntary agencies, and with informal, caring networks.'

We did not find that people with physical disabilities approached their informal networks for domestic help (see table 7) and our respondents claimed not to receive sufficient help from neighbours (see table 4).

'Education' and 'Recreation' were the last two material problems identified by our respondents (see table 4).

Vida Carver⁽⁵²⁾ has drawn attention to the fact that people with physical disabilities are not receiving the education which they are entitled to receive. Tuckey⁽⁵³⁾ found that 83% of pupils were considered suitable for further education, but only 24% were receiving it.

The National Innovations Centre Survey in 1974⁽⁵⁴⁾ noted among the characteristics of students with physical disabilities, that they tend to be men and to be older than fellow students; to have had physical disabilities since childhood, to have started school earlier, and, particularly interesting, to have attended an ordinary school. These authors comment on the formidable barriers which people with physical disabilities face to enter higher education. In our study, unsuitable buildings and unsympathetic teachers were given as the main reasons for education and recreation becoming a problem area; unsympathetic teachers probably results in people with physical disabilities not being offered a place in higher education.

Section 2 of the Chronically Sick and Disabled Persons Act, 1970 imposes a duty on local authority social services departments to provide assistance for people with physical disabilities to obtain educational facilities, including the provision of travel to colleges etc. This section also requires the local authority to make arrangements for recreation, by the provision of radio, television, telephones and access to library facilities, and arrangements for holidays, and travel to these facilities. Some local authorities run day centres, craft centres and classes in well-equipped work-shops. But again, only very few local authorities provide a comprehensive service, and services generally, only reach a small proportion of those who require them⁽⁵⁵⁾. One county in our study had only one (very good) day centre for people with physical disabilities with no vacancies likely in the near future!

Section 4 of the Act required any new building to make adequate provision for people with physical disabilities, and sections 5 and 6 concerned the provision of toilet facilities by local authorities and within buildings open to the public. However, a waiver clause was inserted, for those buildings where it was considered by the planners to be unreasonable or impractical to make such provision, and the inclusion of this waiver clause has, in practice, meant that the needs of people with physical disabilities have not been met. This led Alf Morris (Minister for the Disabled in the last Labour Government) to appoint, in 1977, a committee to investigate ways of improving access. The report of the committee,

known as the Silver Jubilee Committee, found that access provisions were not widely known among property developers, and even where they were known, the waiver clause allowed them to be ignored, and there was no way of enforcing the requirement. Topliss & Gould⁽⁵⁶⁾ have argued that the most hopeful way of improving access, is by means of the Building Regulations imposed by the Department of the Environment.

Full integration into these educational and recreational areas also requires the removal of discrimination, and greater social acceptance. We briefly examined discrimination earlier, and we return to this important topic later in the study (see page 305f). Here we observe that material problems are largely created by the handicapping environment as opposed to any physical disabilities which people may have, and this is a theme which runs throughout the study. However, it is likely that people who suffer from these material deprivations, will have some strong feelings about them, and it appears to be these strong feelings which create problems of a non-material nature.

Many of our respondents commented on the isolation caused by stigma, prejudice etc (see table 4), and the Barclay Report⁽⁵⁷⁾ also commented on the need for support with the tensions of life, required by people with physical disabilities. Sainsbury⁽⁵⁸⁾ also found that more than $\frac{1}{2}$ of her sample felt their disabilities caused them to become more depressed than 'normal' people, and more than $\frac{1}{2}$ of these, blamed the social limitations imposed by their disabilities, for this

depression. In particular, the lack of outside contacts, immobility and unemployment were identified in the Sainsbury study, as the primary social limitations.

To summarise our comparison between those respondents with physical disabilities who became clients of a social services department, and those who did not, employment appears as a key issue. Although both groups identify the same problem areas (see table 3), where people with physical disabilities have employment, they enjoy an overall higher standard of living, and have greater freedom of choice. Those who do not have employment, tend to become clients; this is what makes employment such a key issue for them (see table 2).

Clients (with physical disabilities) and Social Workers (The referral stage of the client career through a social services department)

We now compare our findings from clients with physical disabilities with our findings from social workers, through three stages of the client career, beginning here with the referral stage.

Our sample of 150 people with physical disabilities who had been clients of a social services department, showed that 89 had one 'career', and 61, two or more 'careers' (see table 5).

Table 91
The relationship between problems identified
by clients, referral problems and problems
identified by social workers

Problem Areas	Problems Identified by Clients		Referral Problems	Problems Identified by Social Workers	
	Yes	No.	Yes	Yes	No.
Mobility	Yes	130	Yes	Yes	90
Financial	Yes	146	Yes	Yes	67
Employment	Yes	147	Yes	Yes	71
(A) Housing	Yes	142	Yes	?	41
Domestic Help	Yes	139	Yes	Yes	90
Education	Yes	142	No	?	45
Recreation	Yes	144	?	Yes	90
Isolation	Yes	136	No	Yes	90
(B) Inter-personal	No	15	Yes	Yes	80
Emotional	Yes	110	Yes	Yes	90
	(See Table 3)		(See Table 6)	(See Table 55)	

Table 91 shows that there is agreement among clients about identified problem areas.

Regarding those problems with which clients are referred to a social services department (referral problems), we can see that clients are not referred for problems of education or isolation, although they identify these as problem areas. On the other hand, they are referred for inter-personal problems which they do not identify as a problem area. Therefore referral agents are making some assessment of problem areas with which clients disagree.

Social workers are uncertain whether clients are referred for housing problems, although clients recognise this as a problem area, and are referred for help. Social workers are also uncertain whether clients would be referred for educational problems, although, again, clients recognise

this is a problem area, but are not referred to a social services department for help. Social workers also correctly identify that clients are referred for inter-personal problems, but clients do not recognise this as a problem area. But, again, both social workers and clients identify isolation as a problem, but clients are not referred for help.

Table 92
Client and Social Worker views regarding
the potential role of the client's informal
and formal networks in relation to
identified problems, prior to referral

<u>Identified Problem</u>	<u>Client Views</u>		<u>Social Worker Views</u>	
	<u>Informal Network</u>	<u>Formal Network</u>	<u>Informal Network</u>	<u>Formal Network</u>
Mobility	No approach	No approach/ Unhelpful	Unhelpful	Helpful
Financial	No approach	Unhelpful/ No approach	Unhelpful/ Helpful	Helpful
(A) Employment	No approach	Unhelpful	Unhelpful	Unhelpful/ Helpful
Housing	No approach	Unhelpful/ No approach	No approach/ Helpful	Helpful
Domestic Help	No approach	Unhelpful	Unhelpful	Helpful
Education	No approach	Unhelpful/ No approach	Unhelpful	Helpful
Recreation	No approach	Unhelpful/ No approach	No approach/ Helpful	Helpful
Isolation	No approach/ Helpful	No approach	Unhelpful	Helpful
(B) Inter-personal	No approach/ Unhelpful	No approach/ Unhelpful	Unhelpful	Helpful
Emotional	No approach/ Unhelpful	No approach/ Unhelpful	Unhelpful	Helpful

(See table 7)

(See table 56)

Table 92 shows the range of approaches which clients with physical disabilities made to informal and formal networks for help with both material (section A) and non-material (section B) problems. The table also shows the range of approaches which social worker respondents thought these clients made to these networks for help with these problems, prior to referral to the department.

Clients claim that approaches to both informal and formal networks for help with both material (section A) and non-material (section B) problems are generally not made, and where these approaches are made, they were found to be 'unhelpful'.

Social work respondents are divided in their opinions whether approaches to informal networks for help with material (section A) problems would be 'helpful', 'unhelpful' or whether 'no approach' would be made by clients with physical disabilities, prior to being referred to a social services department. Most social work respondents thought these approaches would not be 'helpful'.

Social work respondents thought that approaches to formal networks for help with material problems would be 'helpful', with the exception of employment problems, where most respondents thought the approach would not be 'helpful'.

Social work respondents thought that approaches to informal

networks for help with non-material (section B) problems, would be 'unhelpful', whilst approaches to formal networks for these problems would be 'helpful'.

To summarise the differences between clients and social workers, table 92 shows that there is broad agreement between clients and social workers regarding the help clients are likely to receive from informal networks; there remains a slight difference of emphasis, in that clients believe that 'no approach' for help is made, whilst social workers believe that an approach is made which proves to be 'unhelpful', with the exception of financial problems, where social workers expressed a divided opinion, $\frac{1}{2}$ of them believing that an approach would be 'helpful'.

There appears to be considerable disagreement between clients and social workers with regard to formal networks. Clients agree that an approach to formal networks for help would not be helpful, whilst social workers believe that, with the exception of employment problems, an approach would be 'helpful'.

We asked clients about their informal and formal networks because we did not want to approach this study as though the meanings which people with physical disabilities give to these disabilities, are constructed in a social vacuum. Neither did we want to view subsequent interaction with a social worker, as independent of the social context.

Much has been written on the role of informal and formal networks in the helping and referral process. Sainsbury⁽⁵⁹⁾ found that 79% of her sample of those living alone at home, depended to some extent on help available outside of the family. Barclay⁽⁶⁰⁾ also drew attention to these aspects.

We assumed that people would try to cope on their own with their problems, or seek help from their friends and relatives (informal networks) before approaching formal networks. Mayer & Timms⁽⁶¹⁾ introduced us to the possible importance of these networks, and Kadushin⁽⁶²⁾ alerted us to the notion, that the ways in which the first stage of a 'career' was tackled, influenced what happened in subsequent stages. For example, if clients are helped by informal networks, they may not approach formal networks or a social services department.

Mayer & Timms⁽⁶³⁾ discussed two categories clients; those who approached informal networks and those who did not. Those who did, had little success because of conflicting advice, unacceptable advice or the withdrawal of the helper. Those who did not approach, were deterred by shame (society emphasises self-reliance etc), loss of face, or the inability of the potential helper to help. Sometimes, for example, the clients did not feel that a potential helper could be trusted with the problem.

A most important finding from the Mayer & Timms study was the suggestion that clients get to see a social worker because their informal networks have not been able to help. Our

findings (see table 92) appear to support this position.

Our clients claimed not to have approached informal/formal networks for reasons of shame, loss of face etc, and because they did not expect formal networks to be of help. Rees⁽⁶⁴⁾ found that for many of his sample of clients, all bureaucracies looked the same, impersonal and impenetrable, and that effort spent trying to make them understand a problem, was felt by these clients to be a waster of time. Rees also suggests that clients' accounts of their encounters with officials have the appearance of a clash between life-styles; they mirrored class divisions of the middle-class professional and the working-class client. This question of class divisions has also been raised by Smith⁽⁶⁵⁾, but we did not attempt to discover class positions in our study; there might be a role for future research studies here.

We examine the role of informal and formal networks in further detail again, later in the study (see page 271f) and at another stage of the client career. Here our comments relate to the referral stage of this career.

Table 93
Client and Social Worker views regarding who
they thought referred clients with physical
disabilities to a social services department

<u>Source of Referral</u>	<u>Client Views</u>	<u>Social Worker Views</u>
Relatives	No	Yes/No
(C) Friends	No	Yes
<u>Self</u>	No	Yes
Own GP	Yes	Yes
(D) Hospital	No	Yes
Minister of Religion	No	No

(See Table 8) (See Table 57)

Table 93 shows that clients with physical disabilities agree that they are referred to a social services department, not by their informal networks (section (C)), but generally by their own GP who is part of their formal networks, section (D)).

Social workers think differently from clients; they think that a number of different sources of referral are involved, from both the informal and formal networks.

We use the term 'referral' here, to describe the process by which people with physical disabilities are sent, by someone, to a social worker, and the term 'source of referral', to identify the person who was finally responsible for contact being made between the client and a social worker in a social services department.

Rees⁽⁶⁶⁾ notes in his study that Health Visitors (22%) and Social Workers (17%) and doctors (8%) from formal networks,

and self-referrals (13%) from informal networks were the sources of referral, for his clients. Townsend⁽⁶⁷⁾, however, found that doctors and hospitals were important sources of referral.

Jeffreys⁽⁶⁸⁾ and Blaxter⁽⁶⁹⁾ have suggested that doctors do not sometimes seek help for their patients from social services departments, because they are aware of the shortage of resources, are not familiar with the services or resources available, or because they doubted the ability of social workers to help.

We also asked social workers, what priority they thought was given to the problems presented to a social services department, by people with physical disabilities (see table 58), and there was agreement that a 'low priority' was given to this work, in contrast to the high priority given to child care work. By 'low priority', social workers meant that the work was under-resourced, again compared with child care work, and that often, social workers were unqualified (i.e. did not hold the Certificate of Qualification in Social Work).

Oliver⁽⁷⁰⁾ has commented on the few books written in this area of work, again compared with writings on child care subjects, and the failure to develop an adequate theoretical and practical base for intervention. Oliver claims that social workers are frequently ignorant about handicapping

conditions in society, about financial benefits, and that social workers frequently fail to recognise the need for practical assistance in addition to verbal advice.

Insofar as 'low priority' is given by social services departments to this area of work, this results in restricted career prospects for social workers working with clients with physical disabilities, and social workers are therefore reluctant to become involved.

Thus, for social workers, the meaning of physical disability is given to them by their departments; departments in turn, derive meanings from wider society. We return to this important issue later in the study (see page 347f)

With regard to sources of referral, we asked social workers whether they thought a higher priority was given by social services departments, to referrals from formal than from informal networks (see table 59), and most thought this was so. Rees⁽⁷¹⁾ has noted in this respect, that a client's request for help can be given greater urgency if the social worker believes that an influential person may check later, on the quality of the service etc given. Oliver⁽⁷²⁾ has also suggested that many professional workers appear to believe that only professional definitions of meaning can be accepted as correct, an important observation when linked to the work of Albrecht & Levy⁽⁷³⁾ who argue that definitions of physical disability are socially constructed, and these

social constructions largely reflect vested professional interests. Freidson⁽⁷⁴⁾ reminds us that social work began as an agency for other organisations and professional groups, and social work departments may feel obliged to give a 'higher priority' to the referrals from these organisations (on whom social work departments may feel they depend for support, etc), rather than to a client's informal sources of referral. There may also be more status attached to working with other professional groups.

Table 94
Client and Social Worker views regarding why
they thought that clients with physical
disabilities allowed themselves to be
referred to a social services department

<u>Reason</u>	<u>Client</u>		<u>Social Worker</u>	
	<u>Views</u>	<u>No.</u>	<u>Views</u>	<u>No.</u>
No alternative	Yes	136	(Not mentioned)	
Hope for Some Help	Yes	141	Yes	53
Recommended by friend	Yes	8	Yes	45
Social Worker Arrived on door-step!	Yes	35	(Not mentioned)	
Need for the services available	(Not mentioned)		Yes	84
Want support from a social worker	(Not mentioned)		Yes	60
	(see table 9)		(see table 60)	

Table 94 shows that clients with physical disabilities agree that they allowed themselves to be referred to a social services department either because there seemed to be no alternative way of getting help with problems, or/and because they hoped that the department might help, as a last resort. 35 respondents found a social worker on the

door-step! However, social workers thought that people with physical disabilities allowed themselves to be referred because they needed the services available (material) or because they wanted the support (non-material) of a social worker; social workers also agreed with clients, that they were referred out of 'hope' that the department might be able to help, as a last resort.

Social workers felt far more positive about the 'services' and 'support' available from a social services department than did the clients, and tended to view referral as a positive choice by clients; but Scott⁽⁷⁵⁾ has shown that there is generally no alternative to the services provided by a social services department, a direct result of the recommendations of the Committee on Local Authority and Allied Personal Social Services (Seeborn Report) in 1968⁽⁷⁶⁾ who reported:

'The first necessity is to establish a unified social service department within each major local authority'.

Table 95
Client and Social Worker views on how clients with physical disabilities feel about being referred to a social services department

Client		Social Worker	
<u>Views</u>	<u>No.</u>	<u>Views</u>	<u>No.</u>
'Unhappy'	113	'Happy'	60

(See table 10) (See table 61)

Table 95 shows that clients with physical disabilities agree that they are 'unhappy' about being referred

to a social services department, whilst social workers thought that these clients would be 'happy' about the prospect.

In Wales, the 'Welfare' has a rather negative connotation as a place where officials employ a 'guardian-type' role, somewhat authoritarian. Mayer & Timms⁽⁷⁷⁾, as we noted earlier (see page 244) have drawn attention to 'normative restraints', social norms and values which enjoin people to be self-reliant rather than dependent on others. Oliver⁽⁷⁸⁾ has referred to an individual model of disability (as opposed to a social model) in which the problem is embedded in the individual and not the social structure, an important issue, to which we return later in the study (see page 313f)

Table 96
Client and Social Worker views regarding
how much help they thought that clients
with physical disabilities expected to
receive from a social services department,
prior to their first interview

<u>Identified Problem</u>	<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Material Problems	Hardly any help	121	Much Help	63
Non-Material Problems	Hardly any help	125	Much Help	71

(See table 11) (See table 62)

Table 96 shows that clients with physical disabilities expect 'hardly any help' from a social services department

prior to their first interview, whilst social workers thought they would expect 'much help'.

We have already noted (see page 245) that Blaxter⁽⁷⁹⁾ found that whereas social workers saw themselves as helping agents, potential clients saw them as arbitrating and inspecting officials. McKay⁽⁸⁰⁾, Sainsbury⁽⁸¹⁾ and Sainsbury & Nixon⁽⁸²⁾ have also shown that clients' expectations on referral to social work agencies are not high.

Table 97

Client and Social Worker views regarding how much knowledge they thought clients with physical disabilities had of the work of a social services department, prior to their first interview

Client		Social Worker	
<u>Views</u>	<u>No.</u>	<u>Views</u>	<u>No.</u>
Some Knowledge/	80	Some Knowledge/	56
Very good knowledge	65	Very good knowledge	24
(See table 12)		(See table 63)	

Table 97 shows that there was broad agreement between clients with physical disabilities and social workers, about how much knowledge they thought these clients had of the work of a social services department, prior to their first interview.

This evidence is in some contrast to the work of Mayer & Timms⁽⁸³⁾ who found a large majority of their sample had never heard of the agency. Clients claimed that information about the

work of social services departments was freely available from both 'official' (for example, Government information) and 'unofficial' (for example, Disability Alliance Handbook) literature, but that these two sources of information tended to convey different messages. In the Mayer & Timms⁽⁸⁴⁾ study, those clients who had heard of the work of the agency gained this information from official channels, or from strangers or acquaintances rather than friends.

Blaxter⁽⁸⁵⁾ found that clients were confused about the role of a social services department, often confusing it with 'social security', whilst Rees⁽⁸⁵⁾ commented that clients had no precise knowledge of what social workers actually did.

Table 98

Client and Social Worker views regarding how they thought clients with physical disabilities expected the social worker to respond to their request for help, prior to the first interview

<u>Client</u> <u>Views</u>	<u>No.</u>	<u>Social Worker</u> <u>Views</u>	<u>No.</u>
Unhelpfully	85	Helpfully	83
(See table 13)		(See table 64)	

Table 98 shows that clients with physical disabilities expect the social worker to respond 'unhelpfully' to their request for help, prior to their first interview; social workers thought they would expect a helpful response.

We discuss this finding in more detail later in the study (see page 257).

We then asked clients with physical disabilities, to answer the following five questions, relating to what they thought, etc, prior to their first interview. We did not ask social workers to answer these questions for this stage of the client career, as we put these questions to them regarding a later stage (see 'Termination' stage of the client career).

First, we asked clients with physical disabilities, how they thought social services departments viewed clients with physical disabilities, and most (N=111 - See Table 14) thought they were viewed as 'undeserving' of help.

Second, we asked how caring they thought society was for its members with physical disabilities, and most (N=125 - See Table 15) thought society was 'uncaring'

Third, we asked what they thought of other clients of a social services department, who also had physical disabilities, and most (N=90 - See Table 16) thought they were 'deserving' of help.

Fourth, we asked whether they viewed themselves as typical clients of a social services department, and most (N=107- See Table 17) thought they were 'untypical' clients.

Finally, we asked what they thought of other clients of a social services department who did not have physical disabilities, and most (N=102 - See Table 18) thought these clients were 'undeserving' of help.

We examine these findings further when we discuss the 'termination' stage of the client career (see page 274f).

Table 99

Client and Social Worker views regarding whether they thought clients with physical disabilities would attempt to keep from their informal and/or formal networks, that they were a potential client of a social services department, prior to their first interview

<u>Networks</u>	<u>Client</u>		<u>Social Worker</u>	
	<u>Views</u>	<u>No.</u>	<u>Views</u>	<u>No.</u>
Informal	Yes	103	No	70
Formal	Yes	118	No	85

(See table 19)

(See table 65)

Table 99 shows that clients with physical disabilities would attempt to keep from both their informal and formal networks, that they were potential clients of a social services department, prior to their first interview; social workers thought the opposite to be the case.

We discussed some aspects of the informal/formal networks earlier, and we return to this important subject later in

the study (for our earlier discussion, see page 241 and for our later discussion, see page 270f).

Among our 150 respondents with physical disabilities who had been clients of a social services department, 61 had more than one career (see table 5), and we asked these respondents two questions relating to this stage of their subsequent careers.

First, we asked them why they allowed themselves to be referred again to a social services department, and most (N=52 - see table 20) thought there seemed no alternative way of obtaining help with problems.

Second, we asked how they felt about being referred again, and most (N=56 - see table 21) thought they were 'unhappy' about it. We return to these findings later in the study.

Clients (with physical disabilities) and Social Workers (The active stage of the client career through a social services department)

We now compare our findings from clients with physical disabilities with our findings from social workers, through the active stage of the client career.

Table 100
 Client and Social Worker views regarding
 whether they thought clients with physical
 disabilities found their first interview
 with a social worker, helpful or unhelpful,
 and the reasons for this decision

<u>Identified Problem</u>	<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Material	'Unhelpful' (No resources offered)	119	'Helpful' (Resources etc made available	85
Non-material	'Unhelpful' (Social worker appeared to believe that a request for non-material aid, reflected a 'weakness' in the respondent)	130	'Helpful' (Social worker tried to understand)	80
	(See table 22)		(See table 66)	

Table 100 shows that clients with physical disabilities find their first interview with a social worker 'unhelpful' with regard to both material and non-material problems. They claim that no resources are offered for material problems and that social workers appear to think that a request for help with non-material problems, reflects a 'weakness' in the client.

Social workers thought the opposite; they expect clients to find the first interview 'helpful' with both material and non-material problems. Social workers think that resources are made available, and that the social worker tries to understand the nature of the non-material problem.

Clients' 'satisfaction' and 'dissatisfaction' with services received, have been examined in a number of studies, and we return to these concepts later (see page 300f). Here we note that the findings are consistent with the expectations held by clients prior to their first interview (see Table 98) when they expected the social worker to respond 'unhelpfully' to the request for help; the first interview appears to confirm these expectations.

Table 101

Client and Social Worker views regarding how they thought clients with physical disabilities responded to the social worker, at the beginning of the first interview

<u>Client</u> <u>Views</u>	<u>No.</u>	<u>Social Worker</u> <u>Views</u>	<u>No.</u>
'Passively'	97	Actively/	43
(Actively)	49	very actively	42
(See table 23)		(See table 67)	

Table 101 shows that clients with physical disabilities respond 'passively' towards the social worker at the beginning of the first interview. $\frac{1}{3}$ of the respondents thought they responded 'actively'.

Social workers think the opposite; they expect clients to respond 'actively' to 'very actively' towards the social worker at the beginning of the first interview. We return to this finding later in the study (see pages 259, 260, 269 and 302).

Table 102

Client and Social Worker views regarding how they thought clients with physical disabilities might change the way they responded to the social worker during the first interview, and the direction of this change

Client		Direction of Change	
<u>Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
'More Passive'	105	'More Active'	65
(See table 24)		(See table 68)	

Table 102 shows that clients with physical disabilities respond in a 'more passive' way during the first interview with a social worker. Social workers think the opposite; that clients respond in a 'more active' way. We return to this finding later in the study (see pages 260, 269 and 302).

Table 103

Client and Social Worker views regarding how they thought the response of the social worker changed over subsequent interviews, and the direction of this change

Client		Direction of Change	
<u>Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
'More Dominant'	97	'More Passive'	58
		(No change)	32
(See table 25)		(See table 69)	

Table 103 shows that clients with physical disabilities think the social worker responds in a 'more dominant' way over subsequent interviews. Social workers think differently; they expect to respond in a 'more passive' way, or not to change

their response over subsequent interviews.

These findings are discussed in more detail later in the study (see pages 269 and 302).

Table 104
Client and Social Worker views regarding how they thought the response of clients with physical disabilities changed over subsequent interviews, and the direction of this change

Client		Direction of Change	
<u>Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
'More Passive'	89	'More active'	68
(No change)	46	(No change)	22

(See table 26)

(See table 70)

Table 104 shows that clients with physical disabilities think they respond in a 'more passive' way or not to change their response over subsequent interviews. Social workers think either that clients respond in a 'more active' way, or not to change their response over subsequent interviews.

We return to these findings later in the study (see

Here we note that clients with physical disabilities are consistent in their views that they respond in a 'passive' way at the beginning of the first interview (see table 101) during the first interview (see table 102) and now over subsequent interviews. If anything, clients appear to think they respond in a 'more passive' way as their career develops.

Rees⁽⁸⁶⁾ has examined in some detail, client passivity and assertiveness in interviews with social workers, and he defines 'passive orientation' as clients' uncomplaining acceptance of their circumstances; when faced with officialdom, clients are reluctant to be advocates for themselves. Rees claims that a passive response is characteristic of the poor, who might behave in an assertive manner at home, but respond to officials passively, because their image of the social order is that it will not be kind to them, and therefore their most appropriate behaviour was to 'put up' with what came along.

Scott⁽⁸⁷⁾ draws attention to a comprehensive American report on deprivation issued by the National Institute of Child Health and Human Development which states that the powerless are afflicted also by a sense of having 'no choice' but to adopt stances of 'abject passivity' to survive. Scott suggests that, vis-a-vis other professional groups, clients are powerless because they do not purchase their services, have a low status, are at the mercy of organisations which often have legal control over them, or can act on the client's behalf and against their wishes because of legal control, and genuine alternatives for the client are nonexistent, other than to reject what is on offer from the monopolistic agency.

Echos of Scott's argument are already around in this study, for example, the monopolistic position of the social services departments which results in little alternative choice for

clients with physical disabilities. Our findings show that they are fully aware of this position (see table 94 and page 249) and we return to these issues later in the study (see page 288).

Table 105

Client and Social Worker views regarding whether they thought clients with physical disabilities would try to persuade the social worker to give an alternative service to the one offered, and the direction of this change

Client Views	Direction of Change		Social Worker Views	No.
	No.			
'Towards more material aid'	82	No change		60
(No change)	51	(Towards more Material Aid)		30
(See table 27)		(See table 71)		

Table 105 shows that clients with physical disabilities try to persuade the social worker to give 'more material aid' as an alternative service to the one offered; 51 respondents made 'no change' in the service provided.

Social workers thought either that clients would attempt 'no change' in the service provided, or they would attempt to change towards 'more material aid'.

The study by Mayer & Timms⁽⁸⁸⁾ examined both 'satisfied' and 'dissatisfied' clients seeking help from social workers for material problems. The satisfied clients received adequate

material aid (by their own standards) whilst most of the dissatisfied clients did not; they were offered 'insight-oriented' intervention (psychological help) instead. Not only did the dissatisfied clients not receive material aid, but the social workers were also unaware of how desperate their need was for financial assistance. Because of deep feelings of humiliation and fear of loss of face, these dissatisfied clients were circumspect in their approach, and did not develop rapport with the social worker. Mayer & Timms⁽⁸⁹⁾ note;

'To offer clients.....psychological help - without satisfying, and preferably at the start, their material needs - in our view utterly fails to come to grips with their problems.'

Rees⁽⁹⁰⁾ found that social workers view 'casework' as prestigious work, and, by contrast, the giving of material aid was viewed as a low priority task unless it was linked to 'insight-giving'. Oliver⁽⁹¹⁾ has also commented in some detail on the importance given to casework by social workers and by social work education, and we return to this issue later in the study (see page 289f).

Blaxter⁽⁹²⁾ has argued that, compared with other professional groups, such as doctors, social workers are very conscious of the cost of services, and welfare has to be 'deserved' and is frequently means-tested, with social workers assessing clients' means.

The Barclay Report⁽⁹³⁾ drew attention to the emphasis placed

on material aid by people with physical disabilities.

We return to this issue of material versus non-material aid, later in the study (see pages 289f and 300f).

Table 106

Client and Social Worker views regarding whether they thought clients with physical disabilities changed their opinion of the potential help available from a social services department, after the first interview, and the direction of this change

Client		Social Worker	
<u>Views</u>	<u>No.</u>	<u>Views</u>	<u>No.</u>
'Less Potential'	102	'Greater Potential'	63
		(No change)	27

(See table 28)

(See table 72)

Table 106 shows that clients with physical disabilities think there is 'less potential' help available from a social services department, after their first interview. Social workers think clients will see 'greater potential' for help, or will not change their opinions.

We return to this issue later in the study (see page 300f) Here we observe that as we develop our discussion through the client career, evidence continues to emerge which suggests that clients with physical disabilities have their 'meaning' of welfare help, well developed before they begin their career, and this career reinforces the meaning, which

tends towards a negative evaluation of the services provided.

Table 107
Client and Social Worker views regarding whether they thought clients with physical disabilities were more or less willing to inform their informal and/or formal networks that they were clients of a social services department, after their first interview

<u>Network</u>	<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Informal	'No change'	98	'More willing'	46
	(Less willing)	48	(No change)	44
Formal	'No change'	99	'More willing'	70
	(See table 29)		(See table 73)	

Table 107 shows that clients with physical disabilities think there would be 'no change' in their willingness to inform their informal and/or formal networks that they are clients of a social services department, after their first interview. 48 clients think they would be 'less willing' to inform.

If we look back at table 99, we see that clients want to keep from their informal and formal networks that they are potential clients of a social services department, prior to their first interview. Therefore, clients view of 'no change' in table 107 indicates they remain unwilling to inform their informal and formal networks that they are

clients, after their first interview. There is, perhaps, some further support for this view in the 48 clients who were 'less willing' to inform their informal networks.

Social workers think clients would be 'more willing' to inform both their informal and formal networks that they were clients of a social services department, after their first interview. (see page 271f)

Table 108
Client and Social Worker views regarding whether they thought clients with physical disabilities thought their neighbours gossiped about them being clients of a social services department

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
No	104	No	76
(Yes)	46		
(See table 30)		(See table 74)	

Table 108 shows that clients with physical disabilities think that their neighbours do not gossip about them being clients of a social services department. 46 clients think that neighbours do gossip.

Social workers also think that neighbours do not gossip.

However, the reasons given by clients and social workers were different. Clients said they kept this aspect of their lives confidential, but thought that, had neighbours

known, they might then have gossiped. Social workers said they thought there was nothing 'wrong' with being a client of a social services department, and, therefore, there was nothing to gossip about.

In the Mayer & Timms⁽⁹⁴⁾ study, clients claimed to be surrounded by 'gossipers', and these clients were appreciative of the confidential nature of social work help. Other clients deliberately told neighbours that they were receiving help from a social services department, because they believed there was little hope of keeping it a secret, and they thought that by telling neighbours themselves, they could present their 'case' in a favourable light. Clifford⁽⁹⁵⁾ has argued that fear of being gossiped about, which would result in a 'loss of face' by clients, and classification as a 'scrounger', accounts for much of the 'shame' felt by people who are clients of a social services department.

Among our 150 respondents with physical disabilities who had been clients of a social services department, 61 had more than one career (see table 5), and we asked these respondents eight questions relating to this stage of their subsequent careers.

First, we asked whether they found their first interview with a social worker helpful or unhelpful, and the reasons for this decision. Most thought that, with regard to

material problems (N=56 - see table 31), and with regard to non-material problems (N=58 - see table 31), they found their first interview 'unhelpful'; social workers were 'unhelpful' with regard to material problems, because 'no resources were offered', and with regard to non-material problems, because they appeared to believe that 'a request for non-material aid, reflected a 'weakness' in the respondent'. These findings are consistent with our earlier findings (see table 100) and we return to this issue later in the study (see page 285 and 288f).

Second, we asked how they responded to the social worker at the beginning of the first interview, and most (N=41 - see table 32) thought they responded 'passively'; 20 respondents thought they responded 'actively'. This finding is consistent with our earlier finding (see table 101).

Third, we asked whether they thought the way in which they responded to the social worker changed in any way, during the first interview, and most (N=52 - see table 33) thought they became 'more passive'. This finding is consistent with our earlier finding (see table 102), and we return to this issue shortly (see page 269 and 302f).

Fourth, we asked whether they thought the response of the social worker changed in any way during the first interview, and most (N=43 - see table 34) thought the social worker became 'more dominant'. This finding is consistent with our earlier

finding (see table 103). Clients claim that the social worker dominates the interview, perhaps because the client adopts a passive stance, as we have consistently shown in this discussion. Social workers think they become 'more passive' (see table 103).

Fifth, we asked whether they thought the way they responded to the social worker changed over subsequent interviews, and most (N=49 - see table 35) thought they became 'more passive'. This finding is consistent with our earlier findings (see table 32 and 33). We noted in table 23 that clients respond passively at the beginning of their first interview of their first career, and that they become 'more passive' (see table 24) as this interview develops, and 'more passive' over subsequent interviews (see table 26). Equally, tables 32 and 33 and 35 reflect the same kind of response over subsequent careers.

The response of the social worker becomes 'more dominant' over subsequent interviews (see tables 25 and 34).

Social workers hold the opposite views on both aspects (see tables 101, 102 and 104; plus table 103) We discussed client passivity earlier (see page 259) and related this discussion to other studies. Here we note that subsequent careers do not change the original responses; there might be a role for further research on this aspect.

Sixth, we asked whether they tried to persuade the social

worker to give an alternative service to the one offered, and most (N=48 - see table 36) tried to obtain 'more material aid'. This finding is consistent with our earlier finding (see table 27) and we examined some other studies in relation to material and non-material aid, earlier (see page 262). Here again, perhaps more research is required.

Seventh, we asked whether their opinion of the potential help available from a social services department, changed after the first interview, and most (N=47 - see table 37) thought that social services departments held 'less potential' for help; 12 respondents thought there was 'no change' in their opinion. This finding is consistent with our earlier finding (see table 28); subsequent careers appear to have no influence on this opinion.

Eighth, we asked whether they were more or less willing to inform their informal and/or formal networks that they were clients of a social services department, after their first interview. With regard to informal networks, most (N=39 - see table 38) said there was 'no change' in their views about this; 22 said they were 'less willing' to inform. With regard to formal networks, most (N=41 - see table 38) said there was 'no change' in their views about this; 18 said they were 'less willing' to inform.

These findings are consistent with our earlier findings (see table 29), and there is a consistency throughout this discussion

with regard to the role of informal and formal networks; we drew attention to this earlier (see pages 241 and 265f)

To remind the reader here, clients claim they make 'no approach' to informal networks prior to referral (see table 7) and either find any approach to formal networks 'unhelpful' or they make 'no approach' (see table 7). They also try to keep from their informal and formal networks that they are potential clients of a social services department, prior to their first interview (see table 19), and they are unwilling (no change in their response - see table 29) discuss this issue after their first interview. Subsequent careers appear not to influence opinions, as we have just shown (see table 38)

For the purposes of this study, we defined 'career' in terms of the three stages of the process of being a client of a social services department, the referral, the active and the termination stages. We could have extended this concept of career to include experiences before the client reached the department, and in developmental terms, this process could have included a closer examination of the role of informal and formal networks.

Smith⁽⁹⁶⁾ has suggested that many social workers believe that the helping process begins with initial contact with a social services department; from the client's experience, the social services department is only one part of a continuing series of contacts, some informal and some formal. Robinson⁽⁹⁷⁾ has also presumed that clients are in contact with other helpers

and authority figures. The social worker may not be the most salient figure in the client's life. The Barclay Report⁽⁹⁸⁾ also identified key roles played by informal networks, and in an important chapter devoted to 'Community Social Work', the report defines this work as:

'A network, or networks of informal relationships between people connected with each other by kinship, common interests, geographical proximity, friendship, occupation or the giving and receiving of services - or a combination of these.'

The Seebohm Report⁽⁹⁹⁾ had earlier defined this work in a similar way, as the existence:

'Of a network of reciprocal relationships which ensure mutual aid and give those who experience it, a sense of well-being.'

Individual and collective responses can be mobilised in adversity. The Barclay Report⁽¹⁰⁰⁾ identified physical disabilities as 'adversities' and emphasised the community care which people with physical disabilities found around them. Barclay Report claimed that people first turn to their families for support, and when this is lacking, help is sought from wider kin and neighbours. The Report⁽¹⁰¹⁾ argued that people we 'know' are often easier to talk to and confide in than professionals, and that seeking help from informal networks is 'socially acceptable':

'Doing so is usually less of a blow to our self-esteem,'

than approaching professionals. Barclay also argued that

even when problems are 'complex' and outstrip the capacity of informal networks, people still need the support and concern of these networks.

The Barclay Report then suggests that these statements are borne-out by research (but does not identify this research) which tempers the benign definitions of informal networks. Our findings, as we have shown, do not indicate a benign or helpful system of informal and formal networks. They are not approached, and they are not informed once the client is referred to a social services department.

The study by Mayer & Timms⁽¹⁰²⁾ found that cultural values, such as self-reliance and independence, may prevent clients from asking for help, and Rees⁽¹⁰³⁾ has shown that clients feel asking informal networks for help, puts them in a dependent position; many also believe their problems too complex for informal networks to help. Those clients who did approach informal networks prior to referral, found the responses inadequate, due to conflicting advice, ineffective advice, unacceptable advice or the withdrawal of the confidant. Thus it may be that one crucial determinant of whether clients see a social worker, is the failure of their informal networks to provide adequate help. This finding would appear to be supported from our evidence.

Another determining factor whether a person sees a social worker has been identified by Sainsbury⁽¹⁰⁴⁾ She found that

people with physical disabilities who lived alone, depended predominantly on local authority welfare services, whilst those who live in more than two-person households, depended almost entirely on the family for help. The Barclay Report⁽¹⁰⁵⁾ has suggested that the key role of social services departments, should be to support the informal carers; but it seems that these informal carers have first to be established if Sainsbury's findings are still correct.

Our evidence also suggests that people with physical disabilities are reluctant to discuss their problems with formal networks as well as informal networks. Rees⁽¹⁰⁶⁾ also found that to many clients, all bureaucracies look the same (impersonal and impenetrable) and that the effort trying to make professionals understand problems as clients see them, is often felt to be not worthwhile. We return to these issues later in the study (see page 299f).

Clients (with physical disabilities) and Social Workers (The termination stage of the client career through a social services department)

We now compare our findings from clients with physical disabilities with our findings from social workers, through the termination stage of the client career.

Table 109

Client and Social Worker views regarding how they thought clients with physical disabilities had their career with a social services department, terminated

	<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Mutual Consent	No	24	Yes	68
Social Worker's Decision	Yes	76	No	3
Client's Decision	No	5	No	19
Don't Know	Yes	45	No	-
	(See table 39)		(See table 75)	

Table 109 shows that clients with physical disabilities think either their career is terminated by the 'social worker's decision', or they do not know how it is terminated. Social workers think careers are terminated by 'mutual consent'. We return to this issue in the next table.

Table 110

Client and Social Worker views regarding the criteria used to terminate the career of clients with physical disabilities with a social services department

<u>Criteria Used</u>	<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Problem Solved	No	31	Yes	83
Social Worker Left	Yes	56	No	2
Don't Know	Yes	63	No	5
	(See table 40)		(See table 76)	

Table 110 shows that clients with physical disabilities either do not know why their career with a social services department is terminated, or they think the criteria used (by the social worker - see table 109) is the leaving of his employment by the social worker. Social workers think careers are terminated because problems are solved.

Many clients are unsure how their career is terminated, and they think it has been terminated only because the social worker no longer makes any contact with them! Fox⁽¹⁰⁷⁾ has identified career termination as a neglected aspect of social work research, and McKay found⁽¹⁰⁸⁾ that it is marked by a distinct lack of clarity in that 10% of his sample thought they were in contact with a social services department when, in fact, the department's file on them was marked 'closed', and 66% thought their career had been terminated although their files were still 'active'.

Rees⁽¹⁰⁹⁾ has argued that clients tend to adopt a 'passive' role in the termination process and frequently show passive acquiescence at being refused help by a social services department, even when these clients know that the social worker misunderstood or underestimated the identified problem. We examined 'passivity' earlier in the study (see page 268) and we return to the issue later on. (See page 302)

With regard to social workers, Rees⁽¹¹⁰⁾ found that they

sometimes believe there is little more they can do for a client, and when this occurs, contact may 'drift off', and the career is terminated unless the contact is re-established by the client. Our discussion of 'passivity' suggests that this is unlikely to occur.

In the Rees study, social workers also lost contact with clients, and then cases were often kept 'open' for a further six months to a years, although further meetings between social worker and client, ceased.

Mayer & Timms⁽¹¹¹⁾ found that social workers noted three possibilities for the closure of 'cases', 'closed by agreement', 'termination by worker', and 'client failed to continue'. These findings are consistent to a degree with our own, particularly the social workers' view that that careers are terminated by agreement.

Table 111
Client and Social Worker views regarding how many interviews they thought clients with physical disabilities had with a social worker, before their career with a social services department was terminated

<u>Client</u> <u>Views</u>	<u>No.</u>	<u>Social Worker</u> <u>Views</u>	<u>No.</u>
Three Interviews	94	Three Interviews	82
(More than Six Interviews)	48		
(See table 41)		(See table 77)	

Table 111 shows that both clients with physical disabilities and social workers think that there are three interviews before a career is terminated. 48 clients think there are more than six.

We discussed the uncertain nature of the termination of a career earlier (see table 109 and 110); therefore the number of interviews within a career is also likely to be uncertain. Clients commented that their career tended to 'peter-out', and they were not too clear what actually constituted an 'interview'; social workers often 'popped-in' without warning, and stayed for only a few minutes.

Mayer & Timms⁽¹¹²⁾ noted the highest percentage of interviews (43% of their sample) were for 3 to 6 interviews, although 27% received 7-20 interviews. However, for all clients in the department, Mayer & Timms note that 32% received one interview and 25% 3-6 interviews. Rees⁽¹¹³⁾ found that 'undeserving' clients received one interview, and their career was quickly terminated.

Table 112

Client and Social Worker views regarding whether they thought clients with physical disabilities establish a good working relationship with the social worker

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Good Relationship	86	Good Relationship	80
(Not a good relationship)	46		

(See table 42)

(See table 78)

Table 112 shows that clients with physical disabilities and social workers think that a 'good relationship' is established between the client and the social worker. 46 clients think that a good relationship is not established.

Those clients who identified a good relationship, spoke of their social worker in warm terms, and thought that, in spite of all the difficulties, such as resource limitation, the social worker attempted to meet the needs of clients. McKay⁽¹¹⁴⁾ found that 80% of his sample thought the social worker was understanding and sympathetic, and 50% expressed appreciation of their relationship.

Mayer & Timms⁽¹¹⁵⁾ showed that the more the social worker is seen as trying to help the client, the more the client tends to express satisfaction with the relationship. In the USA, Pomeroy⁽¹¹⁶⁾ notes that the more stable and effective a relationship was, the more positive was the client's evaluation of both the service and the social worker, but especially of the social worker. Pomeroy also found that there was a strong correlation between the number of home visits made by the social worker, and the length of them, with all-round satisfaction on the various dimensions of the client-worker relationship; being most pronounced on the expressive dimension. However, this finding did not apply to visits by the client to the department. Also, where

clients had only one social worker, they tended to report greater satisfaction, a finding supported by Buchanan & Makofsky⁽¹¹⁷⁾, who found that 77% of their clients preferred to have the same social worker for their entire career. We did not pursue this aspect in our study, as we were concerned with the quality and meaning of the interaction between clients with physical disabilities and social workers on a sociological level, under-pinned by symbolic interaction theory.

The Barclay Report⁽¹¹⁸⁾ offered a range of quotations from clients about their relationship with social workers, from:

'Social workers do a good job;
They should have more power;
I don't know what our family
would have done without her;

to:

'Most social workers think they
are God;
They tend to make promises and
do not keep them;
Clients should be able to
contact their social workers;

To pursue the negative view, our respondents who held this view, tended to blame the social worker for the poor quality of the services provided (a point we noted earlier, see table 100) and for not caring about the problems presented by the client. Rees⁽¹¹⁹⁾ commented that clients' accounts of their encounters with officials, have the appearance of a clash between life-styles, and Smith⁽¹²⁰⁾ has noted the negative aspects

of class on the interaction between clients and social workers. Rees⁽¹²¹⁾ argues that orientations to seeking help were less about personality traits and more about economic constraints and social position. Most clients in the Rees study expected little help (as did our clients; see table 106, for example), and experienced a sense of shame and confusion.

All clients tend to hold the social worker responsible for either the 'good' or the 'bad' relationship which is established. Social workers, however, both in our study and generally, believe that a good relationship is established, many believing this to be a key area of their work. It appears to be very rare for a social worker to admit to holding a poor relationship with a client.

The Barclay Report⁽¹²²⁾ commented that people with physical disabilities emphasise that they have little contact with social workers, and when they do, they find hospital social workers more helpful than those in social services departments. This is because they are more knowledgeable about services and other benefits available to clients. We return to this issue, with particular reference to 'social work training and education', later in the study (see page 288f)

Table 113

Client and Social Worker views regarding whether they thought clients with physical disabilities would prefer a social worker who also had physical disabilities, and the reasons for this decision

Client		Social Worker	
<u>Views</u>	<u>No.</u>	<u>Views</u>	<u>No.</u>
Yes	141	Don't	
		Know	63
		(Yes)	27

Reasons:

1. Social Worker would be more understanding.
2. Social Worker would be more interested in client's problems.
3. Social Worker would be better informed.

(See table 43)

1. Having physical disabilities is not an important factor in the skill of a social worker.
2. Having physical disabilities is only one aspect of a professional social worker.

(See table 79)

Table 113 shows that clients with physical disabilities would prefer a social worker who also had physical disabilities because they believe such social workers would have more understanding of the problems experienced by clients with physical disabilities, and would be more interested in solving these problems by making themselves better informed about them. These comments reflected a general feeling that social workers really did not understand the problems from the clients' viewpoint, and that the social worker and these clients experienced life in different 'worlds'. A social worker with physical disabilities would be in the same 'world' as the client.

Social workers held mixed views. 63 expressed the view that they did not know if clients would prefer such a social

worker, and 27 agreed with the views held by clients. (2 of our 90 social worker respondents were in wheelchairs)

The studies by Harker⁽¹²³⁾ and Mayer & Timms⁽¹²⁴⁾ suggest that clients more readily accept help from social workers, if they are closely matched to the social workers in terms of family background, social class and age. Jackson⁽¹²⁵⁾ has also argued that the success of 'New Career'⁽¹²⁶⁾ programmes depends on new careerists being seen by clients as local people, or people similar to the client. (Pearl & Riessman⁽¹²⁷⁾ wrote 'New Careers for the Poor, and brought the concept of 'New Career' into social work prominence. 'New Careers' is defined as the practice of employing untrained, usually working-class men and women with few or no educational qualifications to do work which would previously have been done by professional people.) It seems that there are issues here to do with 'balance of accountability'; clients think that social workers with physical disabilities would feel more accountable to clients with physical disabilities and perhaps less accountable to their social services departments. In this respect, Stubbins⁽¹²⁸⁾ has examined the different focuses of the professional helper and the client, and has noted that they are not in the same 'world'; their needs and interests being quite different.

This discussion leads us into the key area of 'stigma' and 'discrimination' in society, and we examine a number of issues in this area later in the study (see page 305f). In the meantime, we review how clients with physical disabilities

feel they are viewed by social services departments at this, the termination stage of their career.

Table 114

Client and Social Worker views regarding how they thought social service departments viewed clients with physical disabilities at the termination stage of their career.

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Undeserving	118	Very deserving	68
		(Deserving)	22
(See table 44)		(See table 80)	

Table 114 shows that at the termination stage of their career, clients with physical disabilities think they are viewed by social services departments as 'undeserving' of help. We noted earlier (see page 254) that, at the referral stage of their career, they also thought they were viewed as 'undeserving' of help.

Social Workers think social services departments view these clients as 'very deserving' of help.

Clients thought that social services departments treated them as scroungers, and in this respect, Mayer & Timms⁽¹²⁹⁾ have suggested that membership of any client group incurs some degree of degradation and stigma. People who cannot cope on their own inevitably lose status in society. Rees⁽¹³⁰⁾

has argued that society distinguishes between 'deserving' and 'undeserving' people and that notions of moral worthiness intervene between the social worker and the client.

Oliver⁽¹³¹⁾ has drawn attention to the ways in which society adopts an 'individual' as opposed to a 'social' model of disability, thereby blaming the individual for his disabilities, and blame generally carries a loss of status. Hereby lies a contradiction in our society. On the one hand people with physical disabilities are claimed, at the level of social consciousness, to be 'deserving' of help; on the other hand, at the level of service delivery, they are treated as an 'undeserving' group. We examined earlier (see page 223f) the mean and stigmatising employment opportunities, financial benefits, housing, recreational and educational provision. We pursue these issues later in the study (see page 308f)

Table 115

Client and Social Worker views regarding whether they thought clients with physical disabilities would approach a social services department again, on their own initiative

<u>Client View</u>	<u>No.</u>	<u>Social Worker View</u>	<u>No.</u>
Would not approach again	103	Would approach	85
(Would approach again)	47		

(See table 45)

(See table 81)

Table 115 shows that clients with physical disabilities think they would not approach a social services department again, on their own initiative. 47 clients think they would approach a department again.

Social workers think that these clients would approach a department again on their own initiative.

After at least one career as a client of a social services department, the experience was found to be not very positive and we began to examine some of the possible reasons for this earlier in the study (see page 285f) and we return to these issues later (see Chapter VI, 'Conclusions').

Table 116

Client and Social Worker views regarding whether they thought clients with physical disabilities would allow themselves to be referred again to a social services department

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Would allow	73	Would allow	87
(Would not allow)	65		
(See table 46)		(See table 82)	

Table 116 shows that clients are almost equally divided between those who 'would allow' and those who 'would not allow' themselves to be referred again to a social services department.

Social workers think these clients 'would allow' themselves to be referred again.

We examined earlier in the study (see page 249f) why clients allowed themselves to be referred to a social services department, and we found that the reasons were either because there seemed to be no alternative way of getting help, or because they hoped the department might help. Taking account of our earlier discussion, it appears that these clients face a dilemma. On the one hand, they find themselves treated as undeserving of help by social services departments (see page 285f) and on the other, they have no alternative way of getting help. We pursue these issues later in the study (see page 341f).

Table 117

Client and Social Worker views regarding what changes they would like to see in the services provided by a social services department.

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Better qualified social workers	128	Better qualified social workers	90
Wider range of services	120	Wider range of services	90
Higher level of services	138	Higher level of services	90
More accessible services	102	More accessible services	76
More adaptable services	114	More adaptable services	79
(See table 47)		(See table 83)	

Table 117 shows that both clients and social workers think they would like to see similar changes in the services provided by social services departments, in particular, better qualified social workers, a wider range of services, higher level (quantity) of services and more accessible and adaptable services.

In general terms, there is some evidence to suggest that any kind of social work education and training results in more positive attitudes towards people with physical disabilities, as research in the USA⁽¹³²⁾ indicates more positive attitudes by high school and college students as they progress through grades. Unfortunately these attitudes appears to operate only in the educational setting, as once the students leave college, old prejudices arise again!

The Seeborn Report argued for a broadly based training for social workers⁽¹³³⁾ and CCETSW Paper 5⁽¹³⁴⁾ considered that training should:

1. Arouse the interest of social workers in working with people with handicaps and stimulate some of them to develop expertise in this field.
2. Provide a range of opportunities to learn about the disabling effects of handicaps, at the pre-professional orientation stage, through basic education and training, to further and advanced studies.
3. Contribute to the development of those centres of further and advanced studies where work is undertaken in the varied aspects of a range of handicaps.
4. Foster closer co-operation with other

caring professions particularly primary care and community health teams, general practitioners, the remedial professions and the staff of voluntary agencies, so that by sharing experience in training and practice, co-ordination of service may be achieved.

5. Bring about some change in attitudes towards those with handicaps through interaction between them and their helpers, with a view to closer integration of the handicapped within the community.
6. Stimulate consideration of the structure of local authority personal social service departments with a view urgently to find ways of preserving and developing the training potential they could offer.

CCETSW Paper 5 concluded that professionally trained social workers should be used.⁽¹³⁵⁾

- a. To provide personal social work help to the handicapped and their families on an individual, group or residential basis where, in addition to or arising from handicapping conditions, clients experience difficulties of a special nature (e.g. additional internal or external environmental stress)
- b. To assess, with or without members of relevant other professions, the overall situation and specific needs of handicapped clients and their families.
- c. To provide, with or without the assistance of the remedial professions and vocational guidance staff, care, support, advice and guidance, and to assist whenever possible in the process of rehabilitating those with handicaps.
- d. To advise, supervise and contribute to the training of social service staff on the social work aspects of services for those with handicaps, and, whenever possible, to involve the clients in the process.

- e. To plan and co-ordinate services either alone or with members of other disciplines, initiating plans based on where the client is living, include the domiciliary supportive services and take into account all relevant community aspects.

However, many writers believe that social work education and training for work with people with physical disabilities, has not been very successful. Oliver⁽¹³⁶⁾ comments that the role of qualified social workers in practice, has been a very limited one. Chaiklin & Warfield⁽¹³⁷⁾ suggest that social workers neglect or fail to recognise 'stigma' in their work, and that a key task of the social worker is to help the client work out effective 'stigma' management. Payne⁽¹³⁸⁾ has recently outlined strategies for the management of 'stigma' through social work, and also suggests that 'stigma' management should be a part of social work practice. (We discuss this concept further, later in the study, see page 305f)

In the view of Rees⁽¹³⁹⁾, it is casework which is given most emphasis on social work education and training courses, and this view is supported by Parsloe⁽¹⁴⁰⁾. Casework is theoretically under-pinned by psychological (and frequently psychoanalytic) paradigms, and this results in social workers in practice, adopting 'inter-personal' (non-material) ways of working. Sainsbury⁽¹⁴¹⁾ noted in 1982 that of the various issues raised by families, social workers tended to focus on family relationships, and to deflect other problems, such as housing, education, and employment. Sainsbury questions the effectiveness of a casework approach.

Material, or 'service' type work is therefore viewed as less skillful and less prestigious, but, as we noted earlier (see it is this kind of help which people with physical disabilities frequently require. An assumption appears to have developed in social work, that inexperienced or unqualified social workers can easily deal with material problems, which are thought to be straight forward and not demanding of close involvement with clients. It therefore becomes necessary for clients with physical disabilities to have their problem presented within a casework context to ensure that it receives a high priority by qualified social workers.

Parsloe & Stevenson⁽¹⁴²⁾ found that occupational therapists or social work assistants provide most input into work with people with physical disabilities. A study by Bray⁽¹⁴³⁾ found that child care work was given highest priority, and that work with clients with physical disabilities tended to be simple and practical. Snowdon⁽¹⁴⁴⁾ also noted the tendency for social workers to regard the problems experienced by these clients as less challenging than those presented by families, and that social workers lacked adequate training, a view supported by a DHSS/Local Authority social services seminar in Sunningdale⁽¹⁴⁵⁾.

Social workers sometimes suggest that people with physical disabilities are a specialised group which should be left to occupational therapists. Perhaps it is their training which points them in this direction, for Bray⁽¹⁴⁶⁾ found that social workers had very limited knowledge of medical and social

aspects of disabilities, and this ignorance appeared to foster negative attitudes in them towards clients with physical disabilities, and perhaps to result in poor service delivery, as we now indicate.

In 1982, the Barclay Report⁽¹⁴⁷⁾ found that studies comparing caseloads of social workers of differing seniority, tend to indicate that senior social workers and qualified social workers, carry proportionately more cases of children in care, families with multiple problems or people with mental handicap or illness, whereas unqualified, inexperienced or assistant social workers carry proportionately more cases of clients with physical disabilities. Barclay⁽¹⁴⁸⁾ also noted that people with physical disabilities complained that social workers lacked knowledge about handicaps and about financial and other provision through statutory services, a view supported by Phillips & Glendinning⁽¹⁴⁹⁾ who found that some clients were given inaccurate information resulting in loss of financial benefit. Lack of knowledge can therefore be a harmful thing!

Bray⁽¹⁵⁰⁾ also found that social workers themselves were dissatisfied with the way they had been trained with regard to the needs of people with physical disabilities on CQSW (professional training) courses.

Client dissatisfaction has been reflected throughout the findings and discussion of this study, and clearly much

remains to be done with regard to the education and training of social workers. We return again to issues around client satisfaction later in the study (see page 299, Table 121)

Table 117 also shows that both clients and social workers wanted a wider range and higher level of services which were more accessible and adaptable.

The Seebohm Report⁽¹⁵¹⁾ noted that services for people with physical disabilities were in urgent need of development. This Report welcomed the setting-up of the Government Social Survey through the Office of Population Censuses and Surveys (Harris Report)⁽¹⁵²⁾ but criticised governments for not having information already to hand. The Report also drew attention to the inadequacies in the range, level and quality of service provision, and to poor co-ordination, difficulty of access and insufficient adaptability, noting the underlying causes of these short-comings as lack of resources, inadequate knowledge and divided responsibility between departments.

With regard to the inadequacies in the range, the Report drew attention to services which either did not exist or existed in some form which was inappropriate; we can perhaps give inadequate material aid, or casework offered in place of material aid, as an example here.

The Report noted that, with reference to inadequacies in the level of provision, many social work departments were not meeting needs placed on them by statute. With regard to

inadequacies in the quality of provision, insufficient staff time, resources and training were identified as causes.

Difficulty of access was partly due to public ignorance about the division of responsibilities between local authority and other statutory departments, and partly due to problems of physical access. Many departments are very difficult to reach for people with limited mobility, either because of structural problems in the buildings or because public transport is not available to reach them. Of course, having reached the department, clients then have to get themselves accepted as 'legitimate cases for assistance'. A client begins a career by being accepted by the social work department as a 'case'. Smith⁽¹⁵³⁾ suggests an individual becomes an 'open case' if three conditions are met. First, the agency must categorise the client in terms of a small number of types of social problems; second, the client must be allocated to a social worker, and third, the agency must open a file and thereby register the client. 'Gate-keeping' is therefore part of the bureaucratic structure of social work departments, and may restrict client accessibility.

Finally, with regard to adaptability, the Seeborn Report⁽¹⁵⁴⁾ noted that departments have to be prepared to change to meet changes in need, and demand.

The Report then put forward proposals for remedy of these inadequacies through the structure of a social services department. Social Services Departments were established in 1971.

In 1982 the Barclay Report⁽¹⁵⁵⁾ identified the same issues with regard to the development of services for people with physical disabilities. In addition, the Report noted the increasing demand on social work departments, and the need to establish both minimum standards of provision and agreed priorities between demands in a climate where maintaining existing levels of expenditure is the main struggle. Cut-backs in other budgets, such as housing, health, education, employment and social security having repercussions on the work of a social services department. The Barclay Report⁽¹⁵⁶⁾ argued that the personal social services are not adequately funded.

Table 118

Client and Social Worker views regarding what they thought clients with physical disabilities thought about other clients of a social services department who also had physical disabilities

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Deserving	90	Deserving	72
(Very deserving)	51		
(See table 48)		(See table 84)	

Table 118 shows that, at the termination stage of their career, both clients with physical disabilities and social workers think these clients are 'deserving' of help; social workers are perhaps a shade less enthusiastic! We noted earlier (see page 254) that, at the referral stage of their career, these clients also thought they were 'deserving' of help. A career as a

client therefore does not change their view.

Table 119

Client and Social Worker views regarding whether they thought clients with physical disabilities viewed themselves as typical clients of a social services department

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Untypical	110	Typical	71
(Typical)	40		
(See table 49)		(See table 85)	

Table 119 shows that, at the termination stage of their career, clients with physical disabilities view themselves as 'untypical' clients of a social services department. 40 viewed themselves as 'typical'. We noted earlier (see page 254) that, at the referral stage of their career, these clients also viewed themselves as 'untypical'. Therefore a career as a client does not change their view.

Social workers think these clients are 'typical' of a social services department. We explore this finding in more detail later in the study (see page 341) and in a moment.

Table 120

Client and Social Worker views regarding how they thought clients with physical disabilities viewed clients of a social services department who did not have these disabilities

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Undeserving	100	Deserving	73
(Deserving)	32		
(Very deserving)	18		
(See table 50)		(See table 86)	

Table 120 shows that, at the termination stage of their career, clients with physical disabilities view other clients of a social services department who do not have physical disabilities, as 'undeserving' of help. However, 50 clients thought they (clients without physical disabilities) were 'deserving' (or 'very deserving') of help. We noted earlier (see page 254) that, at the referral stage of their career, these clients also thought other clients without physical disabilities were 'undeserving' of help. Therefore a career as a client does not change this view.

Social workers think these other clients are 'deserving' of help.

Rees⁽¹⁵⁷⁾ found that clients viewed themselves as 'deserving' whilst viewing other clients as 'undeserving', many commenting on the 'disreputable behaviour' of others who use the welfare services. Mayer & Timms⁽¹⁵⁸⁾ also found that clients viewed other clients with either pity or contempt, and Briar⁽¹⁵⁹⁾ notes

that service users tend to take a more severe view of other service users than society at large, and to attempt to distance themselves from other users. They also frequently attempt to present themselves as atypical clients. In interviews with social workers, Mayer & Timms⁽¹⁶⁰⁾ comment that clients attempted to present themselves as more 'deserving' than other clients in an attempt to escape the effects of their own projections of clients as being cadgers and scroungers. They therefore engaged in what Goffman⁽¹⁶¹⁾ has referred to as 'impression management' in order to preserve their self-respect and cope with the stigmatisation they experienced as clients. These findings are broadly in line with our own discussion (see table 119 and 120).

Table 121

Client and Social Worker views regarding whether they thought clients with physical disabilities changed their view about the services offered by a social services department, after their career(s), and the direction of this change

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
More Negative	127	More Positive	67
		(No change)	20
(See table 51)		(See table 87)	

Table 121 shows that clients with physical disabilities think the services provided by a social services department are 'more negative' after their total career(s) as a client. Social workers either think that these clients view the services

as 'more positive' or that they do not change their view throughout their career(s).

A number of studies have examined client 'satisfaction' and 'dissatisfaction' with the services they receive. Fisher⁽¹⁶²⁾ suggests that clients express a high degree of satisfaction with 'just about everything'. Cohen⁽¹⁶³⁾ distinguished satisfaction with the way in which a service is given, from satisfaction with the adequacy of the service, for example, by expressing satisfaction with the relationship with the social worker, and dissatisfaction with the service received, a view supported by Rees⁽¹⁶⁴⁾ and Sainsbury⁽¹⁶⁵⁾.

The study by Mayer & Timms was also concerned with client dissatisfaction and satisfaction with regard to the help they received with inter-personal (non-material) and material problems. This data was collected through qualitative research methodology, and was used to build up conceptual frameworks based on the clients' own assessment of the meaning and importance of factors in their interaction with social workers. With regard to dissatisfied clients seeking help with inter-personal (non-material) problems, these were given a different type of casework help to satisfied clients. They were subjected to a 'psychological insight' type of approach, aimed at providing them with a better understanding of their problems, and, in particular, how they might be contributing to their own problems by their behaviour. Such clients were confused about why the social worker wanted to discuss childhood

experiences, for example, and they were also puzzled and irritated at the social worker's focus on them (the client) rather than on some other person in the situation, whom the client felt to be the 'guilty' party. Thus there was a breakdown in communication between client and social worker, partly because the social worker did not explain the theoretical basis for intervention.

Satisfied clients seeking help with inter-personal (non-material) problems, had the theoretical basis explained to them, and claimed they achieved mutual understanding with the social worker and were able to unburden themselves, and they received emotional support.

However, the Barclay Report⁽¹⁶⁶⁾ found that the emphasis by people with physical disabilities was very much on material aid. In the Mayer & Timms study, clients seeking help with material problems were dissatisfied when they did not receive material aid, social workers offering inter-personal help in its place. Satisfied clients received the help they claimed they required.

We noted earlier in the study that respondents claimed to identify both material and non-material problems (see page 240) that they found their first interview with a social worker for both material and non-material problems, unhelpful (see page 257f) and that they tried to persuade the social worker to give an alternative service to the one offered, namely, towards more

material and less non-material (psychological) help (see page 262)

Mayer & Timms⁽¹⁶⁷⁾ further note that all clients felt a deep sense of shame and 'stigma' in approaching the department, and this finding is supported by Glendinning⁽¹⁶⁸⁾ who comments that people with physical disabilities found having to make repeated requests for help both demeaning and demoralising.

Mayer & Timms^(168a) argue that satisfied clients had social workers who, through the development of trust, were able to reduce these feelings of 'stigma', whilst dissatisfied clients who wanted material help were circumspect in their approach, which was interpreted as a timid approach by social workers who then treated the problem as though it were not serious and refused material aid. These dissatisfied clients left the department with reinforced feelings of shame and hostility. Mayer & Timms⁽¹⁶⁹⁾ write:

'To offer clients.....psychological help - without satisfying and preferably at the start, their material needs - in our view utterly fails to come to grips with their problems. The persons we interviewed were desperately trying to survive. They were consumed with worry over debts..... and it is absurd to expect that the urgency of their needs could be met by a non-material approach.'

We examined 'passivity' (timidity) earlier (see pages 259, 260, 269).

Fisher⁽¹⁷⁰⁾ has noted in this respect that clients are frequently satisfied with far less than researchers think they ought to receive, a reflection of historical development and social climate. Relative Deprivation Theory notes that clients

compare themselves only with their peers⁽¹⁷¹⁾ which perhaps accounts for low expectations to some extent. Runciman⁽¹⁷²⁾ has argued that a person's satisfactions are conditioned by his expectations. We noted earlier that, at the referral stage, clients with physical disabilities were 'unhappy' about being referred, that they expected 'hardly any help' with material and non-material problems, that they expected the social worker to respond 'unhelpfully', and thought social services departments viewed them as 'undeserving'. We also noted that they thought society was 'uncaring' of its members with physical disabilities, that they viewed themselves as 'untypical' clients, and that they viewed other clients without physical disabilities as 'undeserving' of help. (see pages 250 to 255) At the termination stage of their career, their views had not changed. (see page 285f)

However, if clients are passive, Blaxter⁽¹⁷³⁾ argues that social workers are 'cost conscious' compared with, say, workers in the health field. Blaxter suggests this is partly because material aid from social services departments is seldom provided as a 'right'; therefore notions of 'deserving' and 'undeserving' are developed to ration these services, and moral judgements are made by the social worker. However, the social worker does not have a free choice in these matters, as she is constrained by the bureaucratic structure of the department. Blau⁽¹⁷⁴⁾ argues further, that the social worker holds an 'agency orientation' rather than a 'client orientation' in her work, an orientation which is encouraged by the wider social context. Scott⁽¹⁷⁵⁾ has described at length the ways in which social welfare problems

are set within, and responsive to, a variety of organisational and community pressures which are:

'Highly determinative of programme policy and implementation.'

Scott⁽¹⁷⁶⁾ further suggests that client needs and the kinds of services available run in different orbits which may coincide at certain points, and important issue to which we return later in the study (see Chapter VI, 'Conclusion').

Table 122

Client and Social Worker views regarding whether they thought clients with physical disabilities would recommend a social services department to their friends, with physical disabilities

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Would recommend	89	Would recommend	85
(Would not recommend)	61		
(See table 52)		(See table 88)	

Table 122 shows that clients with physical disabilities are just in favour of thinking they would recommend a social services department to their friends with physical disabilities. 61 clients would not recommend.

Social workers think that these clients would recommend.

It is interesting that clients think they would recommend in view of the negative comments they make about social services

departments, and the services they receive from them.

(see page 299f and 288f).

However, perhaps

they would recommend a friend simply because they know that the friend would have no alternative sources of help (see page 249 table 94).

Table 123

Client and Social Worker views regarding how caring they thought society was for its members with physical disabilities

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Uncaring	130	Caring	65
		(Uncaring)	25
(See table 53)		(See table 89)	

Table 123 shows that, at the termination stage of their career, clients with physical disabilities think that society is 'uncaring' of its members with physical disabilities. We noted earlier (see page 254) that, at the referral stage of their career, these clients also thought society was 'uncaring'. Therefore, a career as a client does not change this view.

Social workers think society is 'caring', although 25 agree with the clients, that it is 'uncaring'.

It seems that discrimination and stigmatisation occur widely in our society. Townsend⁽¹⁷⁷⁾, for example, has identified discrimination against people with physical disabilities and

he argues that Britain has an elaborate system of discrimination because we do not ensure that they have good housing, adequate community services, employment with dignity or an adequate income.

Also, in 1979, Alf Morris as Minister with special responsibility for people with physical disabilities, established a new committee called 'The Committee on Restrictions Against Disabled People'(CORAD), with a view to compiling legislation to outlaw discrimination against people with physical disabilities. In May 1982 CORAD presented a Report recommending legislation to make discrimination, on the grounds of disability, illegal. In particular, the Report urged changes in the law with regard to discrimination in areas of employment, education, the provision of goods, facilities and services, insurance, transport and occupational pension schemes. Specific recommendations included a ruling that higher education establishments should be designed to promote integration, and that opportunities for students with physical disabilities be increased. Employment opportunities should also be increased. The Report also called for a regulatory body or commission with powers to investigate, conciliate and, if necessary, to take legal action on individual complaints. It also recommended the setting-up of access action groups to cover the whole country, with a central, independent committee to act as a national focus for a campaign to improve access. (One committee member dissented from the recommendations because he believed they would raise and not lower barriers)

However, the then (1982) Minister for the Disabled rejected any form of positive discrimination for people with physical disabilities believing that the way forward, was to build on the achievements of education and publicity to prevent loss of goodwill. The Minister also said there was a lack of evidence of significant breaches of human rights to warrant legislation, and that the Committee had failed to consider the practical difficulties of implementing legislation.

In July, 1982, Mr Jack Ashley introduced a Private Member's Bill to make unjustified discrimination on grounds of disability, illegal. This Bill covered all areas where discrimination occurs. He proposed that a Commission be set-up with powers to investigate and conciliate, and, if necessary, take legal action. Although given exceptional backing for a Private Member's Bill by all Parties, the Government refused to allow sufficient time for debate or to support the Bill which was subsequently lost.

Along with discrimination, we find stigmatisation in society. We have introduced the concept of 'stigma' at various points in the study (see page 230f, 247. 250, 254, 285, 302 and Chapter VI,) and Goffman⁽¹⁷⁸⁾ has written a book entitled 'Stigma', in which he explores the concept in detail. From Goffman⁽¹⁷⁹⁾ we define 'stigma' as 'an attribute that is deeply discrediting' and note that he identifies three different types of stigma. First, what he calls the 'abominations of the body - the various physical deformities'; second, what he calls 'blemishes of individual character', and third, tribal stigma of race,

nation and religion. We are particularly interested in the first in this study, and Bowe⁽¹⁸⁰⁾ has identified six major barriers to the integration of people with physical disabilities into society, architectural, attitudinal, educational, occupational, legal and personal, to which Thomas⁽¹⁸¹⁾ has added a seventh, the professionalisation of handicap.

We explored architectural, educational and occupational barriers earlier in the study (see page 224f) and here we once again re-emphasise the crucial importance of employment opportunities for people with physical disabilities. We explore the attitudinal barrier in a moment.

Legal barriers result from inadequate, ineffective or non-existent legislation. We examined earlier the abortive attempts to legislate against discrimination, and Simkins & Tickner⁽¹⁸²⁾ have identified the gulf between intent and action with particular reference to the Chronically Sick and Disabled Persons Act, 1970. This Act set out a range of duties on local authorities, namely to discover the numbers of people with physical disabilities in their areas, and to provide a range of services, such as assistance in the home, help with recreation, transport, holidays and housing. In addition, the Act focuses on access to public buildings and the adequate representation of people with physical disabilities on advisory bodies and committees. Thomas⁽¹⁸³⁾ comments that the Act brought a new philosophy of hope, dignity and a sense of community responsibility towards people with physical disabilities. Concepts such as rights, respect and dignity

were introduced and developed, and the Act was described by some as 'A Charter for the Disabled',⁽¹⁸⁴⁾.

Simkins & Tickner⁽¹⁸⁵⁾ draw attention to the 'bitter disappointment' subsequently experienced by those whom the Act was designed to serve, a bitterness which has been increased by a restrictive economic climate which has hindered the expansion and development of local authority services. The 1982 edition of 'Social Trends',⁽¹⁸⁶⁾ shows the ways in which services for people with physical disabilities have been reduced, and identifies the number of telephone installations which fell from 19,100 in 1979 to 15,100 in 1980; the number of television licences which fell from 46,600 to 24,200; adaptations to property which fell from 83,100 to 65,000; holidays which fell from 96,800 to 89,600. The Winged Fellowship Trust⁽¹⁸⁷⁾ also revealed in 1981 a reduction in holiday provision, and suggested that many local authorities appeared to be acting illegally by failing to make provision for holidays and by failing to inform people of opportunities available for holidays. Thomas⁽¹⁸⁸⁾ further suggests that the Act was hindered by the reorganisation of the National Health Service, the discouragement by central government of local attempts to implement parts of the Act, and by varied interpretation of it, giving wide regional differences in service provision.

Regarding attitudinal barriers, Bowe⁽¹⁸⁹⁾ notes the awkwardness of many encounters between people with physical disabilities and 'normals'. He suggests that covert rejection takes place

and identifies experiments which show how 'normals' give opinions they really do not hold, in encounters with people with physical disabilities.

English⁽¹⁹⁰⁾ has also argued that nearly half of all 'normals' have negative attitudes towards people with physical disabilities, and Bell⁽¹⁹¹⁾ suggests that many 'normals' cannot approach a noticeable handicapped person, and that:

'On meeting such a person, they become embarrassed, and awkward in speech and manner. They avoid looking the other person in the eye, and seem unable to talk normally for fear of saying the wrong thing. Some get round the problem by talking to the disabled person's companion instead - hence the oft-quoted faux-pas, "Does he take sugar?"'

In other words, 'normals' reject people with physical disabilities when they encounter them; 'stigma' operates as the negative perceptions of 'normals' to people who are different from themselves. Negative perceptions arise from socialisation in the general milieu of society.

English⁽¹⁹²⁾ has attempted to distinguish between attitudes. He suggests that the less aggressive 'normal' with higher self-concepts, lower levels of anxiety, higher needs for social approval and greater ability to tolerate ambiguity, are the most accepting of people with physical disabilities. He also argues that women tend to indicate more favourable, accepting attitudes, and that for all 'normals', attitudes may vary with socio-economic status. For example, higher income groups are more

accepting than lower income groups, of individuals with intellectual and emotional deficiencies. Age, marital status, urban-rural residence, nationality and race do not appear to influence attitudes. English finally argues that there is some indication that greater public acceptance is extended to people with severe physical disabilities (which he does not define very clearly), those with less severe disabilities being viewed as deviant. He explains this finding in terms of mildly impaired people being more of a threat to 'normals', both psychologically and economically.

Yuker, Block & Youngg⁽¹⁹³⁾ argue that 'normals' attitude towards people with physical disabilities improves with increased contact time; specifically, close and intimate contact appears to produce more positive changes in attitudes than does relatively superficial contact, particularly when intimate contact occurs in equal status settings. However, we noted earlier (see page 289) that whilst attitudes between 'normal' college students and those with physical disabilities improved on campus, this improvement held only during college time; once students leave college, old prejudices arise again⁽¹⁹⁴⁾.

We also note here that contact between people with physical disabilities and professional workers does not take place in equal status settings, an observation which leads us to the seventh barrier identified by Thomas⁽¹⁹⁵⁾, namely the professionalisation of handicap.

Thomas reminds us that people with physical disabilities have regular contact with a range of professions including medicine, psychology, health visiting, occupational therapy and social work, each with its associated bureaucracies. Brechin⁽¹⁹⁶⁾ has suggested that there may be as many as 23 different professional groupings involved, each concerned with a particular segment of the client. Specialised value systems, training, house journals, language and practice techniques result in a built-in tendency to reify activities, enlarge 'mysteries' and develop vested interests; professionalised segments encourage the development of separate problem definitions and ways of working which can only be understood by the profession concerned, all with doubtful advantages to people with physical disabilities, unless they are able to co-ordinate these professional facets to meet their needs.

In any case, the professionalisation of simple tasks removes people with physical disabilities further from 'normality', whilst reassuring 'normals' that specialised help is available for people who are 'different'.

Social work is one of those professions working with people with physical disabilities, and few studies are complementary about the achievements of social work in this area of work.

Wilding⁽¹⁹⁷⁾ has comments that:

'In a search for professional status, social work has emphasised a medical, psycho-therapeutic, individualised model of work because that seemed the

best way of asserting its expertise
and professionalism'

Oliver⁽¹⁹⁸⁾ has distinguished between an individual and a social model of disability; the individual model draws on psychological frames of references, whilst the social model looks to sociology for explanations. However, Oliver argues that the individual model tends to blame the individual for physical disabilities or look to the individual for a solution to difficulties. He suggests that the individual model is embedded in social consciousness, and that it is politically convenient to have problems located in the individual as repeated requests for assistance can be explained away as signs of personal failure to adjust to physical disabilities.

Oliver⁽¹⁹⁹⁾ also argues that social work adopts an individual model of practice, and we noted earlier (see page 291) that casework is given most emphasis on social work education and training courses. Interestingly, the last CCETSW Report in 1974⁽²⁰⁰⁾ of a working party on training for social work with people with physical disabilities, appeared to view physical disabilities as personal problems, and defined these disabilities as:

'Situations where society cannot be
held responsible and where sociological
factors are not clear cut.'

We also noted earlier that social workers show little enthusiasm for work with people with physical disabilities, unless the

problems they present are amenable to casework help. We noted earlier also that many problems experienced by people with physical disabilities are material and not non-material problems, and that these problems are given low priority and low status with social services departments (see page 292f and Chapter VI) This finding is supported by Rees⁽²⁰¹⁾.

Finally, the sixth barrier to integration noted by Bowe⁽²⁰²⁾ is the personal barrier, the total effect which all the other barriers have on the personality and behaviour of the person with physical disabilities. To have physical disabilities is to be a 'shamed' person in our society. People cannot fail to be aware of the 'stigma' and discrimination, and Katz⁽²⁰³⁾ has argued that 'stigma' becomes attached to deprived persons and is often internalised into a negative self-image. Wright⁽²⁰⁴⁾ has also observed that feelings of inferiority in one function or activity tends to spread to a total inferiority, a theme which Stubbins⁽²⁰⁵⁾ has noted running through autobiographical accounts of people with physical disabilities.

But clearly, people with physical disabilities are not suffering from feelings of inferiority all the time, if, indeed, they suffer with them at all! Our study has shown that people with physical disabilities are generally able to 'make-out' in society inspite of all the disadvantages which they face. Thomas⁽²⁰⁶⁾ has argued that people with physical disabilities are generally very perceptive about other people's feelings and reactions, and are very accomplished in making relationships work smoothly. They

are no longer prepared to be passive recipients of whatever interactional or professional help 'normals' are prepared to offer. People with physical disabilities live in the normal world, and, like everybody else, they work hard to pass as 'normal', because the opposite of 'stigmatised' is 'normalised'.

Power & Marinelli⁽²⁰⁷⁾ have written on 'normalisation', and, drawing on the work of Nirje⁽²⁰⁸⁾ they argue that 'normalisation' implies the manipulation of the total environment, the activities, attitudes and atmosphere surrounding the person with physical disabilities.

Being 'normal', includes the dignity of risk, trial and tribulation, trouble and strife. 'Normalisation' is a rational attempt to deal with social conditions which tend to set people apart from the rest of society. 'Normalisation' results in integration, and Brattard⁽²⁰⁹⁾ argues that integration is a psychological and physical process. People have to be given, not only material items, such as aids to mobility, proper financial support, employment opportunities, housing, educational and recreational opportunities, but also full rights of citizenship. Normalisation makes people 'invisible'.

Table 123 shows that clients with physical disabilities think that society is uncaring of its members with physical disabilities; we have produced evidence to support this position.

In summary, Blaxter⁽²¹⁰⁾ has shown how physical characteristics

become master traits, swamping personal differences, and, how society tends to evaluate people with physical disabilities as a negative category (rather than as individuals) and to offer them mean and discriminating services. Scott⁽²¹¹⁾ has argued that conceptions of 'stigma' are determined by social, cultural and political forces in society, and he demonstrates the effects which these forces have on professional work. Social workers, therefore, do not have a free hand to determine the way they practice, because their departments are controlled and influenced by these forces which decide who receives help and the nature of the help.

The social context is a handicapping environment in which people with physical disabilities have a very weak voice - at present. But we have shown in this study that they have a good case to make for change, and we return to this important issue later (see Chapter VI 'The Way Forward').

Table 124

Client and Social Worker views regarding whether they thought clients with physical disabilities would have preferred money as a substitute for interviews with a social worker

<u>Client Views</u>	<u>No.</u>	<u>Social Worker Views</u>	<u>No.</u>
Would have preferred money	112	Would have preferred money	50
		(Would not have preferred money)	39
(See table 54)		(See table 90)	

Table 124 shows that clients with physical disabilities think, at the end of their career, they 'would have preferred money' as a substitute for interviews with a social worker.

Social workers think these clients 'would have preferred money', although 39 social workers think they 'would not have preferred money'. Social workers are, therefore, more uncertain of their response.

Shearer⁽²¹²⁾ has argued that there is nothing in the Chronically Sick and Disabled Persons Act, 1970 or subsequent experience, to indicate that benefits in kind are a proper substitute for benefits in cash. She writes:

'By giving local authorities the duty to provide aids, help with telephone, radio and television, holidays and adaptations, in fact, the notion has been strongly reinforced that the proper response to the needs of some of the population, some of the time, is to give them the goods instead of the money.'

Thus the 1970 Act reinforces the notion that people with physical disabilities are unable to choose for themselves when they take a holiday, for example, as they have to accept the benefit in kind from social services departments. In a study, Keeble⁽²¹³⁾ found that many aids provided by social services departments were never used; in all probability, cash in their place would have been used.

Giving benefits in kind and not in cash not only reduces the purchasing power of the recipient, but also reduces the status.

Conspicuous consumption appears to increase status in our society, and for clients with physical disabilities, the relationship between cash and kind requires further examination. If these clients were able to pay for the services they received from a social services department, would social workers take more notice of the client's definition of his problem? We think that clients would have more power and influence in a relationship where they were able to pay for the services they received, and they would probably have more status.

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CHAPTER VI

SUMMARY, CONCLUSIONS AND THE WAY FORWARDIntroduction

We begin this chapter by summarising our findings from the study, and we follow this with some conclusions using Symbolic Interaction Theory as a conceptual framework. Finally, we make some suggestions regarding possible ways forward.

Summary:1. Clients and Non-Clients

We began this study by comparing two groups, those people with physical disabilities who became clients of a social services department, and those who did not.

The predominant age range for both groups was 31 to 65 years, and both groups contained more men than women, and identified the same material problems, namely mobility, finance, employment, housing, domestic help, education and recreation. Clients identified non-material problems more than non-clients, and clients tended to be single whilst non-clients tended to be married. Non-clients tended to be in normal employment, whilst

clients tended to be unemployed (See tables 2, 3 and 4)

2. Clients with Physical Disabilities and Social Workers - The Referral Stage of the Client Career

Our sample of 150 people with physical disabilities who had been clients of a social services department, showed that 89 had one career and 61 two or more careers (See table 5). Clients usually did not approach either their informal or formal networks for help prior to their first interview; where approaches were made, they were found to be unhelpful (See table 92). Clients were referred for help with problems by their General Practitioner, and they allowed themselves to be referred because there appeared to be no alternative way of getting help, and/or because they hoped the social services department might help (see tables 93, and 94). They claimed to have some knowledge of the work of a social services department, felt unhappy about being referred, expecting the social worker to respond unhelpfully, and to receive hardly any help with their problems (See tables 97, 95, 98 and 96).

Clients thought that social services departments viewed them as undeserving of help and that society was uncaring of its members with physical disabilities (See tables 14, and 15). Clients thought other clients of a social services department who also had physical disabilities were deserving of help (whilst viewing other clients of a social services department without physical disabilities as undeserving of help), and they viewed themselves as untypical clients of the department (See tables 16, 18 and 17). When referred, they kept this information from their informal and formal networks (See table 99).

Social workers and clients held similar meanings in only a few areas. They both identified the same problem areas and thought that approaches to informal networks by clients prior to their referral would not be helpful, and they both agreed that clients had some knowledge of the work of a social services department (See tables 91, 92 and 97).

Other than these areas, social workers and clients held opposing meanings for the referral stage of the client career. Social workers thought that clients would approach formal networks for help and would find this approach helpful. Social workers also thought that informal networks in addition to formal networks, such as General Practitioners and Hospitals, referred clients, and that these clients held positive meanings with regard to the non-material and material help they expected to receive from the social services department (See tables 92, 93 and 96). Social workers thought also that clients expected the social worker to respond helpfully to the request for help, and that clients would not try to keep from their informal and formal networks that they were potential clients of a social services department (See tables 98, and 99).

3. Clients with Physical Disabilities and Social Workers - The Active Stage of the Client Career

Clients claimed they found their first interview with a social worker unhelpful with regard to both material and non-material problems, and that they responded passively to the social worker at the beginning of the first interview, and more passively as the interview progressed. Clients claimed that the social worker

became more dominant over subsequent interviews whilst they became more passive (See tables 100,101, 102 and 103). Clients tried to persuade the social worker to give an alternative service to the one offered to them, namely towards more material aid, and, after the first interview, felt social services departments held less potential for help (See tables 105 and 106). There was no change in their unwillingness to inform their informal and formal networks that they were clients of a social services department after the first interview (See table 107). They thought neighbours did not gossip about their being clients of a social services department (See table 108).

Some clients had had more than one career, and these clients claimed that the social worker had also been unhelpful with regard to both material and non-material problems during the first interviews of subsequent careers. Clients also claimed they responded passively at the beginning of the first interview of a subsequent career, and that they again became more passive as the interview progressed whilst the social worker became more dominant. Over subsequent interviews of a subsequent career, clients claimed they responded more passively whilst the social worker became more dominant (See tables 5, 31, 32, 33, 34 and 35). Clients claimed they tried to persuade the social worker to give an alternative service to the one offered to them, namely, as before, towards more material aid. After their first interview of a subsequent career, they also thought that social services departments held less potential for help (See tables 36, and 37). There was also no change in clients' unwillingness to inform

their formal and informal networks that they were clients of a social services department (See table 38).

Again, social workers held opposite meanings, agreeing with clients, only that neighbours would not gossip (See table 108).

Social workers thought that clients found their first interview with a social worker helpful, that clients responded actively at the beginning of the first interview and more actively as the interview progressed. They also thought that the social worker became more passive over subsequent interviews and that the client became more active (See tables 100, 101, 102, 103 and 104).

Social workers also thought that clients did not try to persuade the social worker to give an alternative service to the one offered, and they thought clients believed social services departments held greater potential for help, after the first interview (See tables 105 and 106). Social workers thought also that clients would be more willing to discuss with their informal and formal networks that they were clients of a social services department, after the first interview (See table 107).

4. Clients with Physical Disabilities and Social Workers - The Termination Stage of the Client Career

Clients claimed their careers were either terminated by the social worker, or they did not know how it was terminated. They had three interviews in their career before termination and established a good relationship with the social worker, although they claimed they would have preferred a social worker who also had physical disabilities (See tables 109, 110, 111, 112 and 113). They

thought social services departments viewed clients with physical disabilities as undeserving of help, and would not approach a department again on their own initiative, although they were divided over whether they would allow themselves to be referred again (See tables 114, 115 and 116). Clients would like to see changes in the services provided by a social services department, namely better qualified social workers, a wider range, higher level, more accessible and more adaptable services (See table 117).

They regard other clients of a social services department with physical disabilities as deserving of help (whilst viewing other clients without physical disabilities as undeserving of help) and view themselves as untypical clients of the department (See tables 118, 120 and 119). At the end of their career(s), they claim to hold more negative meanings about the services offered by a social services department (although they would recommend a department to their friends with physical disabilities) and they regard society as uncaring of its members with physical disabilities. They would prefer money as a substitute for interviews with a social worker (See tables 121, 122, 123 and 124).

Social workers held somewhat more similar meanings to clients at this stage of the client career. Social workers agreed with clients with regard to the number of interviews in a career, that clients established a good working relationship with the social worker, and that clients would allow themselves to be referred again to a social services department (clients were

divided on this point) (See tables 111, 112 and 116).

Social workers also agreed with clients with regard to the changes they would like to see in the services provided by a social services department, that clients with physical disabilities are deserving of help, that clients would recommend the department to their friends with physical disabilities, and that clients would prefer money to interviews with a social worker (See tables 117, 118, 122 and 124).

Other than these areas, social workers held opposing meanings regarding the termination stage of the client career. Social workers thought that careers were terminated by mutual consent after the problem was solved, and they did not know whether clients would prefer a social worker with physical disabilities (See tables 109, 110 and 113). Social workers thought that social services departments viewed clients with physical disabilities as either very deserving or deserving of help, and that these clients would approach a department again on their own initiative (See tables 114 and 115). Social workers also thought that these clients viewed themselves as typical clients of the department and that they viewed other clients of the department without physical disabilities, as deserving of help. Social workers thought also that these clients tended to hold more positive meanings about the services offered by the department after their career(s) (See tables 119, 120 and 121). Social workers tended to think that society was caring of its members with physical disabilities (See table 123).

Conclusions

The explanatory framework for this study is Symbolic Interaction Theory. We examined the Chicago School of Symbolic Interaction Theory and the work of Herbert Blumer, earlier in the study (See page 67), and here we remind the reader that it was Blumer⁽¹⁾ who first coined the term 'Symbolic Interaction'. He argues⁽²⁾ that Symbolic Interaction Theory rests on three premises; first, that human beings act towards things on the basis of the meanings which the things have for them; second, that the meaning of such things is derived from, or arises out of, the social interaction, and third, that these meanings are handled in, and modified through, an interpretative process by the person dealing with the things he encounters. These three premises are what distinguishes Symbolic Interaction Theory from other theoretical approaches.

Blumer⁽³⁾ further argues that Symbolic Interaction Theory is grounded in six basic ideas which he calls 'root images', and which refer to and depict the following; the nature of human groups or human societies, social interaction, objects, the human being as actor, human action and the inter-connection of the lines of action. Taken together, these premises and root images represent the way in which Symbolic Interaction Theory views human society and human conduct, and they suggest a framework for research which we have attempted to use in this study.

In Blumer's⁽⁴⁾ view, the important methodological implications of Symbolic Interaction Theory are first, that people individually:

'And collectively are prepared to act on the basis of the meaning of the objects that comprise their world; (2) the association of people is necessarily in the form of a process in which they are making indications to one another and interpreting each other's indications; (3) social acts, whether individual or collective, are constructed through a process in which the actors note, interpret and assess the situations confronting them, and (4) the complex interlinkages of acts that comprise organisation, institutions, division of labour and networks of interdependency are moving and not static affairs.'

In this study, we took account of these methodological implications in the following way. First, to understand the meanings which people with physical disabilities attached to some of the objects which comprise their world, we asked them directly to give us their own descriptive accounts of these meanings. Second, to take account of process, we structured our interview schedule through the concept of career, taking into consideration the diverse forms of interaction which might occur. For example, we asked both clients with physical disabilities and social workers specific questions relating to the form of interaction throughout their career. Third, we took account of the 'self' of the clients by asking them about the choices facing them and the reasons why they chose a particular line of action. Through our sample of social workers, our historical sketch and our wider reading, we were able to understand some of the external circumstances and situational constraints which go to shape the client's experiences and mould his perceptions. Fourth, we took account of the interlinkage of action at two levels by asking

questions relating to both the internal interaction between clients and social workers, and the external (macro-sociological) interaction between clients and the social context. We took account of historical linkage through the concept of career and, also at the macro-sociological level, through our historical sketch which set the spotlight on the social context.

The fore-going discussion indicates that the key concepts in Symbolic Interaction Theory are meaning and interaction, supported by other concepts such as self, negotiation, significant and generalised others, career and reference group. We examined these concepts earlier in the study (see page 84f) and here we remind the reader that Blumer⁽⁵⁾ has argued that concepts play a central role in research. He suggests they are significant elements in the way the researcher views his empirical world; are the terms in which he casts his problem, the categories for which data is sought and grouped, and the chief means of establishing relations between data. They are also the anchor points in the interpretation of findings, and it is for this purpose that we use them now.

We examined the meaning which clients with physical disabilities gave to their career. At the referral stage, these clients did not consider it appropriate to seek help from their informal and formal networks prior to their first interview, and they viewed their potential career in negative terms expecting little help with their problems (See tables 92, 95, 98 and 96). Having physical disabilities and starting a career through a social

services department means being on the receiving end of mean and discriminating services provided by an unhelpful department through an uncaring society with no alternative sources of help (See tables 98, 96, 14 and 15). Our findings were broadly supported by other research studies (see pages 252f)

Social workers hold different and more positive meanings at the referral stage of the client career, expecting clients to be happy at their referral and to expect help from a helping social worker (See tables 96 and 98).

At the active stage of their career, the negative meaning remains, and those clients who had experienced more than one career, also attached negative meanings. (See tables 106 and 37)

Again, our findings are broadly supported by other research studies (see page 252)

Social workers, once again, hold different and more positive meanings at this stage of the client career, expecting clients with physical disabilities to view social services departments as holding greater potential for help (See table 106).

At the termination stage of their career, negative meanings remain, with clients expecting social services departments to view them as undeserving of help, and claiming they would not approach a department again on their own initiative (See tables 114 and 115). Clients want wide-ranging improvements in the services provided by social services departments. Having physical disabilities and

ending a career means, for these clients, that they are on the receiving end of mean and discriminating services provided by an unhelpful department through an uncaring society, with no alternative sources of help (See tables 117, 121, 123 and 94).

As before, our findings are broadly supported by other research studies (see pages 293f and 305f)

Also as before, social workers hold different, more positive meanings, believing that social services departments viewed clients with physical disabilities as deserving of help, and that these clients would approach a department again on their own initiative (See tables 114 and 115). Social workers also thought that these clients held positive meanings with regard to the services provided by social services departments and that society is caring of its members with physical disabilities (See tables 121 and 123).

However, clients with physical disabilities and social workers hold similar meanings with regard to the changes they would like to see in the services provided by a social services department, and both view clients with physical disabilities as deserving of help (See tables 117 and 118).

Turning now to our second key concept, interaction between clients with physical disabilities and social workers appears to operate in a context in which clients become more passive and social workers become more dominant as the first interview, and subsequent interviews process (See tables 101, 102, 103 and 104). Within

this context, problems are also interpreted differently, with clients attempting to negotiate interaction towards more material aid (See table 105).

By the termination stage of their career, clients claim they would prefer social workers who also had physical disabilities and who were better qualified. Clients claim to develop a positive working relationship with social workers, but they would not refer themselves to a social services department. At this stage of their career, clients continue to hold negative meanings of the services provided (See tables 113, 117, 112, 115 and 121). These findings are again broadly in line with other research studies (See pages 281f, 294f, 279f and 300f)

From the fore-going discussion we can see that clients with physical disabilities hold negative meanings at the beginning of their career(s), and these meanings hold (or even tend to become more negative) by the end of their career. A career or subsequent career, therefore, has little influence on these negative meanings which presumably arise out of prior interaction in the social context. It is on the social context, the second (macro-sociological) level of interlinkage of action (See page 151f) that we now focus our discussion.

We noted earlier that clients with physical disabilities claimed that society was uncaring (See table 123) and that these clients are subjected to discrimination and stigmatisation, and to seven barriers to social integration (See pages 308f). We also found (See table 3 and pages 224f) that, arising out of discrimination

and stigmatisation, and the seven barriers, are major problems for clients with physical disabilities, namely mobility, financial, employment, housing, domestic, educational, and recreational, and that the services provided do not ameliorate these problems. It is, therefore, perhaps hardly surprising that these clients should construct negative meanings from their interaction in the social context, but we may wonder how discrimination and stigmatisation and the seven barriers arise in the first place.

We suggest that they arise because the social context is constructed in such a way that, whilst it meets the needs, partly, of normal people, it does not meet the needs of people with physical disabilities. In an interesting article, Finkelstein⁽⁶⁾ has argued that:

'Disability is a socially caused problem'

and in an upside-down world, the able would become the disabled, and the disabled, the able-bodied.

Clearly, then, it is possible to modify the social context to meet the needs of people with physical disabilities, but this action would require resources, presumably from Government, and to obtain these resources, negotiation through interaction is required.

We observed earlier (See page 341) that negotiation is an important concept in Symbolic Interaction Theory. It has been defined by Reading⁽⁷⁾ in 'A Dictionary of the Social Sciences'

as:

'Discussion between the parties to a dispute, without the intervention of a third party, aimed at settlement of the dispute.'

Symbolic Interaction Theory gives a central place to the process of negotiation, and argues that the organisation of social life arises out of the process of interaction and negotiation.

Strauss⁽⁸⁾ developed the concept of 'Negotiated Order' which emphasises the fact that society is continuously organising, and reorganising, and that arrangements are being changed, modified, defended and undermined through interaction. People in society are therefore constantly involved in negotiation.

However, Cuff & Payne⁽⁹⁾ argue that people are not engaged all the time in explicit negotiations; they are not writing-out contracts, for example. Rather, they are involved in unspoken, mutual adjustment of action, feeling, attitude and understanding, which Strauss⁽¹⁰⁾ suggests we should think of as an implicit form of negotiation.

Joffe⁽¹¹⁾ identifies the task of the researcher as first, to understand meanings, and second to explore how these meanings were negotiated in interaction.

If we accept that negotiation through interaction is an on-going

process, we can clearly argue that people with physical disabilities have emerged from negotiation rather badly at the present time, and we have to examine the negotiative context for an explanation.

The social context attempts to maintain the status quo in a number of more or less implicit ways, and we explore four of them here. First, we can note that, at the level of social consciousness, a distinction is made between those people or groups who are deserving of help, and those who are undeserving, and that people with physical disabilities are placed in the deserving category. This view is supported by our historical sketch (See chapter 1) and in our discussion (See pages 396f). However, some ambivalence is demonstrated about this placement, since, as we have shown in this study (See page 299f) at the level of service provision, clients with physical disabilities are faced with discrimination, stigmatisation and barriers.

The deserving myth is maintained by such occasions as the International Year of Disabled People (1981) in which Britain was a participant, but the International Year was viewed by many people with physical disabilities as irrelevant, substituting patronisation for real action⁽¹²⁾, and the British Council of Organisations of Disabled People was formed in 1981 after dissatisfaction with the achievements of the International Year.

Second, the status quo is maintained by legislation in which the content is not matched by practice. The Chronically Sick and

Disabled Persons Act (1970) is a good example of what we have in mind here, for, as we noted earlier (See page 309) at the level of service provision, this Act was a bitter disappointment to those whom it was supposed to serve.

Third, social work research is not profuse⁽¹³⁾ and such as there is, tends not to focus on the meanings which consumers give to the services they receive (See pages 116f). Research tends to focus on what services are for as opposed to what they are like, and what they are for is determined by the Government, and therefore, another way of maintaining the status quo.

Fourth, social work is generally presented as a caring profession, yet, as we have consistently shown in this study, at the level of service provision, clients with physical disabilities attach negative meanings to the help they receive (See table 121 page 299)

Interestingly, in an attempt to preserve their deserving status, clients with physical disabilities view themselves as 'deserving' of help, and as untypical clients of a social services department whom they view as 'undeserving'. Social workers, on the other hand, maintain the ambivalence by viewing these clients with physical disabilities as 'deserving' and yet typical (and therefore 'undeserving') clients at the same time. Social workers claim that all their clients are 'deserving', although this is clearly not borne out, either in terms of the quality of services provided for clients with physical disabilities, or the low status and low priority given to this work by social services departments (See tables 118, 119, 120, 121 and 117). Poor services, low status

and low priority must imply an 'undeserving' group.

In their work, social workers are not free agents, but have to take account of at least five meaning systems, namely society, government, professional, departmental and client. Society, government, professional, departmental and social workers' meanings are broadly in line, and perhaps government control of the purse-strings ensures this is so, in order to maintain the status quo.

Clients with physical disabilities hold different, negative meanings (as we have consistently shown in this study), but these are, at present, hardly taken into account by social workers. In terms of Symbolic Interaction Theory, social workers in interaction with clients with physical disabilities have to be viewed by these clients as 'Generalised Others' and not 'Significant Others' (See page 87 and our discussion of the concept of reference group), because social workers have little influence on the meanings given to the interaction by these clients. 'Significant Others' for these clients are other clients with physical disabilities, a significant finding in relation to any future negotiation in which they might participate. It is on future negotiation that we now focus the final part of this study.

The Way Forward

We suggest there are two ways forward for people with physical

disabilities; normal employment or negotiation through self-help groups.

Where people with physical disabilities have obtained normal employment, they tend to remain invisible and to pass as normal in the same way that the rest of us pass as normal. Marcus⁽¹⁴⁾ has argued that society's core values are located in its economic system, and that in a Capitalist society, high status is given to economic success, generally based on employment, and low status to economic failure based on unemployment.

We found earlier in the study (See table 3) that most people with physical disabilities identified employment as a problem, either because normal employment was unavailable to them, or because they were in marginal employment doing boring and unskilled work (See table 4 and pages 228f) Sinfield⁽¹⁵⁾ has identified people with physical disabilities as a group likely to be unemployed, and Finkelstein⁽¹⁶⁾ has traced the historical development of the employment barrier for people with physical disabilities which he suggests arose with industrialisation. Here again is evidence to indicate that the social context is not constructed to meet the needs of people with physical disabilities. Instead, they will be faced with discrimination and stigmatisation, because unemployment is generally viewed as individual failure, and not as a failure in the social context.

Clearly then, people with physical disabilities must consider negotiating the employment barrier, in the same way that they have to negotiate the other barriers to social integration (See

which allow them to participate fully in society. These arrangements include financial, medical, technical, educational and other help required from the State, to enable them to gain the maximum independence in their daily living activities and to achieve mobility, to undertake productive work, and to live where and how they choose, with full control over their lives. These aims could apply equally to normal people, and thus the purpose of the Union is to enable its members to fully integrate into society. The Union has had some good success in negotiation of its aims. (17)

Our second example concerns services for people who are blind in Sweden, where they have not only organised themselves into a self-help group, but have also taken control of the major organisations for people who are blind. By-laws have been passed which specifically provide that no seeing person should hold executive office in any blindness organisation. This self-help group now acts as an intermediary between individuals who are blind, and the State programmes of services. Notions of individual psychological adjustment for the persons who are blind are played-down; resources are directed at financial aid or into research into specific aspects of mechanical hardware that people who are blind have asked for, in the group. Here, the professionals who construct the meaning of blindness, are themselves blind. Through self-help activity, this group has gained staffing positions for its members. (18)

With regard to the composition of self-help groups for people with physical disabilities, it is sometimes argued that people

page 308)

It would appear that, in negotiation, clients with physical disabilities adopt a passive stance. We found earlier clients claimed they responded passively to the social worker at the beginning of the first interview, and more passively as the interview progressed. Clients also claimed that the social worker became more dominant over subsequent interviews, whilst they became more passive (See tables 100, 101, 102 and 103).

We have argued that the way is potentially open for clients with physical disabilities to negotiate a better quality of life for themselves, and we suggest that they should approach negotiation more actively, through self-help groups, and not keep to the individual model of disability, and negotiate on their own. Self-Help groups would adopt a social model of disability which aims to modify the social context and remove barriers.

Other people, for example, women, homosexuals, elderly, blacks and the poor are beginning to form self-help groups as they become aware of discrimination and stigmatisation against them in society; people with physical disabilities have also made a tentative start, and here we examine two such groups at different stages of negotiation.

The recently formed Union of the Physically Impaired Against Segregation has a Constitution which shows the aims of the group are to have all segregated facilities replaced by arrangements

with different clinical forms of physical disability require separate self-help groups⁽¹⁹⁾. We argue that self-help group organisers should look carefully at the similarities of need as well as the differences, as often the similarities over-ride specialist needs. People with physical disabilities can also be women, homosexual, elderly, black and/or poor. In this study we have frequently compared our findings with those from studies which focus on other minority groups, because we believed that the similarities were more important than the differences.

Clearly, it is in the interests of every person with physical disabilities to decide the kind of self-help group which best meets his needs. The emergence of the British Council of Organisations of Disabled People⁽²⁰⁾, which includes the Organisation of the Physically Impaired Against Segregation, plus seven other organisations of people with physical disabilities, would appear to be looking more at the similarities than the differences, and the International Decade of Disabled People also focuses on similarities, and offers good potential for negotiation through interaction.

The present Government has established a review of the services for people with physical disabilities. What will be said of the barriers to social integration after this negotiation? Or do we live in an Autocratic State?

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APPENDIX 1I N T E R V I E W S C H E D U L E

Respondents with Physical Disabilities:

SECTION A - The Referral Stage (Questions relating to the referral stage of the client career through a social services department)

Question Number:

1. Biographical Details
(Sex, Marital Status, Age, Employment) See Table 2
 2. What problems can you identify in your life? See Table 3
 3. Have you ever sought help with these problems from a social services department? See Tables 2,3,4
 4. What do you think are the causes of these problems? See Table 4
- NB Where respondents had not been clients of a social services department, the interview was terminated here. For those respondents who had been clients of a social services department, the interview continued:
5. How many careers have you had as a client of a social services department? See Table 5
 6. With which particular problem(s) have you been referred to a social services department? See Table 6
 7. Did you approach any:
 - a. Informal networks (other than your immediate family) for help
 - b. Formal networks for help
 prior to being referred to a social services department? See Table 7
 8. Did you find your approach:
 - a. To informal networks
 - b. To formal networks
 helpful or unhelpful? See Table 7

9. With which particular problem(s) did you find your approach to;
a. Informal networks
b. Formal networks
helpful or unhelpful?

See Table 7

10. Who referred you to a social services department on;
a. Your first career
b. Any subsequent career?

See Table 8

First Career

11. Why did you allow yourself to be referred to a social services department?

See Table 9

12. How did you feel about being referred to a social services department?

See Table 10

13. Prior to your first interview, how much help did you expect to receive from a social services department in relation to your identified problem(s)?

See Table 11

14. Prior to your first interview, how much knowledge did you have of the work of a social services department?

See Table 12

15. Prior to your first interview, how did you expect the social worker to respond to your request for help?

See Table 13

16. Prior to your first interview, how did you think social services departments viewed clients with physical disabilities?

See Table 14

17. Prior to your first interview,
how caring did you think society
was for its members with physical
disabilities?

See Table 15

18. Prior to your first interview,
what did you think about clients
of a social services department
who also had physical disabilities?

See Table 16

19. Prior to your first interview,
did you view yourself as a typical
client of a social services
department?

See Table 17

20. Prior to your first interview,
what did you think about clients
of a social services department
who did not have physical
disabilities?

See Table 18

21. Prior to your first interview,
did you try to keep from;
a. Your informal networks
b. Your formal networks
that you were a potential client
of a social services department?

See Table 19

Subsequent Career

22. Why did you allow yourself to
be referred again to a social
services department?

See Table 20

23. How did you feel about being
referred again to a social
services department?

See Table 21

Respondents with Physical Disabilities;
Section B - The Active Stage (Questions relating to the
active stage of the client career through a social services
department)

First Career

24. Did you find your first interview with a social worker helpful or unhelpful? Why?
See Table 22
25. With which particular problem(s) were you seeking help, in your first interview?
See Table 22
26. How do you think that you responded to the social worker at the beginning of your first interview?
See Table 23
27. Do you think that the way in which you responded to the social worker at the beginning of the first interview, changed in any way during the interview? If so, what was the direction of the change?
See Table 24
28. Do you think that the response of the social worker changed over subsequent interviews? If so, what was the direction of this change?
See Table 25
29. Do you think that the way in which you responded to the social worker changed over subsequent interviews? If so, what was the direction of this change?
See Table 26

30. Did you try to persuade the social worker to give an alternative service to the one offered? If so, what was the direction of this alternative service?

See Table 27

31. Did your opinion of the potential help available from a social services department change after your first interview? If so, what was the direction of this change?

See Table 28

32. Were you more or less willing to inform your;
a. Informal networks
b. Formal networks
that you were a client of a social services department, after your first interview?

See Table 29

33. Do you think that your neighbours gossiped about your being a client of a social services department?

See Table 30

Subsequent Career

34. Did you find your first interview with a social worker helpful or unhelpful? Why?

See Table 31

35. With which particular problem(s) were you seeking help, in your first interview?

See Table 31

36. How do you think that you responded to the social worker at the beginning of your first interview?

See Table 32

37. Do you think that the way in which you responded to the social worker during the first interview, changed in any way during the interview? If so, what was the direction of the change?

See Table 33

38. Do you think that the response of the social worker changed over subsequent interviews? if so, what was the direction of the change?

See Table 34

39. Do you think that the way in which you responded to the social worker changed over subsequent interviews? If so, what was the direction of this change?

See Table 35

40. Did you try to persuade the social worker to give an alternative service to the one offered? If so, what was the direction of this alternative service?

See Table 36

41. Did your opinion of the potential help available from a social services department change after your first interview? If so, what was the direction of this change?

See Table 37

42. Were you more or less willing to inform your;
a. Informal networks
b. Formal networks
that you were a client of a social services department, after your first interview?

See Table 38

Respondents with Physical Disabilities;
Section C - The Termination Stage (Questions relating to the termination stage of the client career through a social services department)

First Career

43. How was your career with a social services department, terminated? See Table 39
44. What criteria were used to terminate your career with a social services department? See Table 40
45. How many interviews did you have with a social worker before your career with the social services department was terminated? See Table 41
46. Did you feel that you established a good working relationship with your social worker? See Table 42
47. Would you have preferred a social worker with physical disabilities? Why? See Table 43
48. How do you think now, that social services departments view clients with physical disabilities? See Table 44
49. Would you approach a social services department again, on your own initiative? See Table 45
50. Would you allow yourself to be referred again to a social services department? See Table 46
51. What changes would you like to see in the services provided by a social services department? See Table 47
52. What do you think now about other clients of a social services department, who also have physical disabilities? See Table 48
53. Do you now view yourself as a typical or untypical client of a social services department? See Table 49

54. What do you think now, about other clients of a social services department who do not have physical disabilities? See Table 50
55. Has your total experience of a social services department changed your view about the services offered? If so, what is the direction of this change? See Table 51
56. Would you recommend a social services department to your friends with physical disabilities? See Table 52
57. How caring do you think now, that society is for its members with physical disabilities? See Table 53
58. Would you now prefer money as a substitute for interviews with a social worker? See Table 54
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Respondents who were Social Workers;
Section D - The Referral Stage (Questions relating to the referral stage of the client career through a social services department)

First Career

59. With which particular problems do you think that people with physical disabilities would be referred to a social services department? See Table 55

60. Do people with physical disabilities approach any;
a. Informal networks
b. Formal networks
prior to being referred to a social services department, and are these informal/formal networks helpful/unhelpful with regard to the identified problem?
See Table 56
61. Who do you think refers people with physical disabilities to a social services department?
See Table 57
62. What priority do you think is given to the problems presented by people with physical disabilities, by social services departments?
See Table 58
63. Do you think that social services departments give a higher priority to referrals of people with physical disabilities, from formal than from informal networks?
See Table 59
64. Why do people with physical disabilities allow themselves to be referred to a social services department?
See Table 60
65. How do people with physical disabilities feel about being referred to a social services department?
See Table 61
66. Prior to their first interview, how much help do you think people with physical disabilities expect to receive from a social services department, in relation to;
a. Material problems
b. Non-material problems?
See Table 62
67. Prior to their first interview, how much knowledge do you think that people with physical disabilities have of the work of a social services department?
See Table 63

68. Prior to their first interview,
how do you think that people with
physical disabilities would expect
the social worker to respond to
their request for help?

See Table 64

69. Prior to their first interview,
do you think that people with
physical disabilities attempt to
keep from their;
a. Informal networks
b. Formal networks
that they are potential clients
of a social services department?

See Table 65

Respondents who were Social Workers;
Section E - The Active Stage (Questions relating to the
active stage of the client career through a social services
department)

First Career

70. Do you think that people with
physical disabilities find their
first interview with a social
worker in a social services
department, helpful or unhelpful?
Why?

See Table 66

71. With which particular problems do
people with physical disabilities
seek help from a social worker?

See Table 66

72. How do you think that people with
physical disabilities might respond
to a social worker at the beginning
of the first interview?

See Table 67

73. Do you think that the way in which people with physical disabilities respond to the social worker at the beginning of the first interview, changes in any way during the interview? If so, what is the direction of this change?

See Table 68

74. Do you think that the way in which the social worker responds to people with physical disabilities during the first interview, changes in any way during subsequent interviews? If so, what is the direction of this change?

See Table 69

75. Do you think that the way in which people with physical disabilities respond to the social worker, changes over subsequent interviews? If so, what is the direction of this change?

See Table 70

76. Do you think that people with physical disabilities might try to persuade the social worker to give an alternative service to the one offered? If so, what might be the direction of this alternative service?

See Table 71

77. Do you think that people with physical disabilities change their opinion of the potential help available from a social services department, after their first interview? If so, what is the direction of this change?

See Table 72

78. Do you think that people with physical disabilities are more or less willing to inform their;
a. Informal networks
b. Formal networks
that they are a client of a social services department, after the first interview?

See Table 73

79. Do you think that people with physical disabilities thought that their neighbours gossiped about their being a client of a social services department?

See Table 74

Respondents who were Social Workers;
Section F - The Termination Stage (Questions relating to the
 termination stage of the client career through a social services
 department)

First Career

- | | |
|--|--------------|
| 80. How do you think that people with physical disabilities have their career with a social services department, terminated? | See Table 75 |
| 81. What criteria are most likely to be used to terminate the career of people with physical disabilities with a social services department? | See Table 76 |
| 82. How many interviews do you think people with physical disabilities have with a social worker, before their career with a social services department is terminated? | See Table 77 |
| 83. Do you think that people with physical disabilities establish a good working relationship with the social worker? | See Table 78 |
| 84. Do you think that people with physical disabilities would prefer a social worker with physical disabilities? Why? | See Table 79 |
| 85. How do you think that social services departments view clients with physical disabilities? | See Table 80 |
| 86. Do you think that people with physical disabilities would approach a social services department again, on their own initiative? | See Table 81 |
| 87. Do you think that people with physical disabilities would allow themselves to be referred again to a social services department? | See Table 82 |

88. What changes would you like to see in the services provided by a social services department for people with physical disabilities? See Table 83
89. What do you think that clients of a social services department with physical disabilities, think about other clients of a social services department with physical disabilities? See Table 84
90. Do you think that clients with physical disabilities view themselves as typical clients of a social services department? See Table 85
91. What do you think that clients of a social services department with physical disabilities, think about other clients of the department who do not have physical disabilities? See Table 86
92. Do you think that people with physical disabilities change their view about the services offered by a social services department, after their total experience of the help offered by the department? If so, what is the direction of this change? See Table 87
93. Do you think that clients with physical disabilities would recommend a social services department to their friends who also have physical disabilities? See Table 88
94. How caring do you think that society is for its members with physical disabilities? See Table 89
95. Do you think that people with physical disabilities would prefer money as a substitute for interviews with a social worker? See Table 90
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APPENDIX 11FURTHER COMMENTS ON, AND VERBATIM EXTRACTS FROM, INTERVIEWS WITH CLIENTS WITH PHYSICAL DISABILITIES

In this section, we present verbatim extracts from one, typical, tape-recorded interview, and this material is supported, from time to time, by additional verbatim extracts from other tape-recorded interviews.

In the following extracts, (I) indicates comments made by the 'Interviewer', and (R) indicates comments made by a 'Respondent'.

Question numbers are those used in the Interview Schedule (See Appendix 1) and Table numbers are those used throughout the study.

Introduction

(I) - "Hullo: John (his friend) says you are willing to help me with a piece of research."

(R) - "That's a laugh; I'm no scholar."

(I) - "You are for me - I need your help."

(R) - "I'll do what I can: what do you want to know?"

(I) - "I'm working on a piece of research which I have called 'The Meaning Of The Help Received From Social Workers In Social Services Departments By People With Physical Disabilities: The Consumer's View', and you are a consumer, and I would like your view".

(R) - "I can give you that quickly: Not a lot."

(I) - "Not a lot?"

(R) - "Not a lot about sums it up: they don't do anything, do they."

(I) - "That's what I want to talk to you about."

(R) - "No, I suppose I'm not being fair: they do their best, but I don't like those places. I wouldn't be a social worker: they must see some rough characters in their work, and they have to make the money go round: they have a lot of people knocking on their door....."

(I) - "You seem to be telling me what the services are for: I want to know what they are like, what you think about them. Do you see?"

(Many respondents seemed to want to distance themselves from the consumer role. They adopted the 'official' viewpoint, and were then able to discuss the services in a positive light. The interviewer frequently had to bring them back to the consumer viewpoint.)

(R) - "Well, it makes depressing reading."

(I) - "I want to hear it."

(R) - "Go on then, ask me."

Section A - The Referral Stage of the Client Career

(See Question 1 - Table 2)

This main tape-recorded interview was with a man aged over 31 yrs, who was single and unemployed. He lived in a Council house.

(See Question 2 - Table 3) (See also Question 4 and Table 4)

(I) - "Well lets begin with difficulties: what problems have you with, say, getting by?"

(R) - "Oh, lack of money is the main problem. I can't get a job because they won't employ me. I'm sure that I could

work, but they won't give you a chance."

(I) - "Anything else?"

(R) - "I suppose the house is not really suitable: there are places I can't reach. And did you notice the steps, and the hill up from the shops?"

(I) - "Yes."

(R) - "That hill will be the death of me....."

(Another respondent discussing employment said: "They wouldn't have interviewed me if they had known I was in a wheelchair. It was a terrible disappointment not to get the job. I don't suppose I shall work again now."

Another respondent talking about employment and mobility problems said: "They could have kept me on after the accident. I could still do their work, but they wanted to get rid of me. I'll never get the money to finish the work on the flat unless I get a job, and I can't live here as it is.")

(See Question 5 - Table 5)

(I) - "Can I ask you about your experiences of a Social Services Department. How many times have you been sent there?"

(R) - "Only once."

(See Question 6 - Table 6)

(I) - "Why did you go?"

(R) - "I didn't go, I was sent. I mentioned the state of the house to the doctor and she sent me. I also had some Bills to pay and no money. And I think the doctor thought that I ought to get out of the house a bit more. So she sent me there....."

(See Question 7 - Table 7)(See also Questions 8 and 9)

(I) - "Did you ask anybody for help with these problems before you went to the doctor?"

(R) - "No, people have enough on their plate without bothering with more. In any case, I like to keep things to myself. I hope you are writing all this down: nobody has asked me before....."

(Other respondents said they wanted to keep themselves to themselves: "Other people don't understand, or can't help. People on this estate keep themselves to themselves.")

(I) - "Did you go to any Government department, say, for help?"

(R) - "I went to the employment exchange; that was a laugh. She looked at me as though I had crawled out from somewhere. And she was supposed to be trained. Still, I get a giro every week."

(Other respondents mentioned how unhelpful formal networks had been. One said "The doctor doesn't really want to see you. There is nothing he can do."

Another said: "I couldn't get my chair in through the door, and she refused to come out from behind the counter. I asked her if it would be quicker to 'phone".)

(See Question 11 - Table 9)

(I) - "Why did you go to the Social Services Department?"

(R) - "Why not? What else is there?"

(See Question 12 - Table 10)

(I) - "How did you feel about going there?"

(R) - "Pretty awful. I try to keep away from those places....."

(Another respondent said: "I thought I might get some help, but I couldn't even get into the Office because of the stairs. They

are the kind of places I keep away from."

(See Question 13 - Table 11)

(I) - "How much help did you expect to get?"

(R) - "Not much....."

(See Question 14 - Table 12)

(I) - "How much did you know about them and their work?"

(R) - "Of course, we knew what to expect more or less. You learn from other people, people like yourself, that is."

(See Question 15 - Table 13)

(I) - "How did you expect the social worker to respond to you?"

(R) - "I thought she would do her best, and I would come away with nothing....."

(See Question 16 - Table 14)

(I) - "And what do Social Services Departments think about you?"

(R) - "Not much, not much at all. You're a nuisance to everybody....."

(See Question 17 - Table 15)

(I) - "Do other people in society care about you?"

(R) - "No: well just a few do, most are too busy with their own things."

(Another Respondent said: "Caring? They want us out of the way. Doctors would get rid of us at birth if they had their way.")

(See Question 18 - Table 16)

(I) - "What do you think about other clients of the Department with physical disabilities?"

(R) - "Well, they are the same as me, aren't they. They've got to live out their life as best they can. Of course, they should get help....."

(See Question 19 - Table 17)

(I) - "Are you a typical client?"

(R) - "No, no, not at all. I wouldn't go anywhere near these places unless I had to. If I could get work, I wouldn't have to....."

(See Question 20 - Table 18)

(I) - "What do you think about other clients without physical disabilities?"

(R) - "Well, as I say, I wouldn't go anywhere near these places if I could get about. I think these social workers are given a good story and they fall for it. Don't you think? I know of a family where the husband works, and claims Social Security. They ought to put a stop to it and find them out. I wouldn't come here unless I had to....."

(See Question 21 - Table 19)

(I) - "Did you tell anyone that you had been referred to a Social Services Department?"

(R) - "No, I keep these private things to myself."

(Other respondents said: "People don't respect you if they think you can't manage."

and: "You can't tell people anything here.")

Section B - The Active Stage of the Client Career

(See Questions 24 and 25 - Table 22)

(I) - "How did your first interview go?"

(R) - "Not very well. Nothing happened. The social worker talked quite a lot, but that's all....."

(Other respondents said: 'Real waste of time. What good is a lot of talk?')

and: 'He (the social worker) made me feel as if I was a bit simple.')

(See Question 26 - Table 23)

(I) - "What did you do?"

(R) - "Not much. I thought, let her get on with it....."

(Other respondents said: "I thought this is not for me. Let me get out of this.")

and: "I tried to assert myself, but I have a bit of trouble speaking, as you know, and the social worker didn't listen -didn't give me time to get my words out.")

(See Question 27 - Table 24)

(I) - What happened as the interview went on - did you change?"

(R) - "I think I probably gave up. I think I let her talk at me....."

(See Question 28 - Table 25)

(I) - "Did the social worker's approach change?"

(R) - "As I say, she kept on talking, and I kept on listening.

Then it finished, and I went home....."

(Another respondent said: "She was determined to have her say, so I let her.")

(See Question 29 - Table 26)

(I) - "What happened in later interviews?"

(R) - "She said more, and I said less. Whatever I said was wrong, and she put me right. She was full of good advice for me....."

(Other respondents said: "Once she had made up her mind about me, there was no shifting her. She was quite sure she knew what was best for me."

and another: "I can't speak fast, so I had no chance of putting my side.")

(See Question 30 - Table 27)

(I) - "So, did you get any help, did you try to get any?"

(R) - "I suppose I tried. I got plenty of talk, as I say, but not much else. I still had the Bill to pay afterwards....."

(Other respondents said: "I tried to get him to do something for me, like work on the flat, but I don't think he could do much like that."

and: "I said I want some help with this electricity Bill, and she talked about it, but did nothing. She seemed to think I wasn't trying very hard. I manage well. I needed, then, help with those payments, that's all.")

(See Question 31 - Table 28)

(I) - "What did you think of the help that was offered after your first interview?"

(R) - "Not much. I don't think I would bother again: I thought so then, and I think so now. What are they there for, you tell me....."

(Other Respondents said: "I came away thinking, well, that was

a waste of time. I can't see that I got very much out of it, other than plenty of advice."

and; "He confused me. I am still not sure what he was on about.")

(See Question 32 - Table 29)

(I) - "Were you more or less willing to talk about your experience after this first interview?"

(R) - "I don't think it made any difference to me."

(See Question 33 - Table 30)

(I) - "Did your neighbours gossip about your being a client?"

(R) - "Not as far as I know. They didn't gossip to me."

(Another respondent said: "I don't think they care enough to gossip.")

Section C - The Termination Stage of the Client Career

(See Question 43 - Table 39)

(I) - "How was your contact finished?"

(R) - "I'm not sure. I never heard any more from them, and I have'nt heard anything since.'....."

(Another Respondent said: "The social worker said that she thought I could manage on my own. Well, I had been managing on my own for years. I came to the Social Services Department for some help."

and another: "The Social Worker seemed to think we had finished, so I assumed that we had.")

(See Question 44 - Table 40)

(I) - "So why was your contact with the Department finished?"

(R) - "As I say, I'm not sure really. I heard afterwards that the social worker had left, so I suppose that was it. They never sent anybody else....."

(Other Respondents said: I don't know what happened: I didn't mind one way or the other ."

and: "The social worker said he was being promoted, but they never sent any one else.")

(See Question 45 - Table 41)

(I) - "How many interviews did you have?"

(R) - "Oh, not many: about three I think..!....."

(See Question 46 - Table 42)

(I) - "How did you get on with the social worker?"

(R) - "Oh OK I think. She was OK. She didn't do anything, but she was OK if you know what I mean."

(Other Respondents said: "I liked her as a person, and she did her best."

and: "She was a nice person, just talked a lot. But then what else could she do? I don't think she could do anything except talk.")

(See Question 47 - Table 43)

(I) - " Do you think that a social worker with physical disabilities would have been better?"

(R) - "I think they would understand more what it is like, and would know more from their own personal life. It makes a lot of difference if you have been through it yourself..!....."

(Other Respondents said: "The social worker would be more sympathetic, more understanding. I think they would also be more interested in their job, would know more about it."

and: "Oh yes, it would make a lot of difference, I'm sure. They would know all about it, and cut the chat. We might then get things done.")

(See Question 48 - Table 44)

(I) - "How do you think now that Social Services Departments view their clients with physical disabilities?"

(R) - "Oh, as I say, they don't care. I think we are a nuisance to them....."

(Other respondents said: "They have no time for us, no room for us.")

and: "I suppose if I was married with children, then they would help. They seem to help them. But as I am, they can't help much.")

(See Question 49 - Table 45)

(I) - "Would you go to a Social Services Department again - refer yourself?"

(R) - "No, I don't think so....."

(See Question 50 - Table 46)

(I) - "Would you allow yourself to be referred again?"

(R) - "I don't know. I suppose so, what else can I do. If the doctor says go, I expect I shall go....."

(Other Respondents said: "I might be luckier next time: it could'nt be worse, any way. I expect I would go.")

and: "No. I would not waste any more time in them places.")

(See Question 51 - Table 47)

(I) - "What changes would you like to see in these Departments?"

(R) - "Well, I'd like to see them have some services or money or something to help us with. Advice is OK, but I have been managing for years without it. Social workers need to be better clued: about Social Security or Housing, or something. I still don't know what they are supposed to do there....."

(Other respondents said: "Well, they don't do much at the moment so any change would be for the better. Social workers do not understand our problems. They blame us for not trying hard enough, I think."

and: "Well, they do so little at the moment. To be of real help, they need to have real services, you know, money or things which will really help us. Sometimes I think they could help us more if they knew more about us. They need to know more about our lives."

and: "I came away wondering what it was all about. They gave me nothing, and I spent a lot of time and energy getting there. They need to have ways of helping us.")

(See Question 52 - Table 48)

(I) - "And what do you think now about other clients with physical disabilities?"

(R) - "I think they ought to get decent help....."

(See Question 53 - Table 49)

(I) - "Do you view yourself as a typical client?"

(R) - "Good heavens no. I would be seen anywhere near these places if I had my way. I want a job not charity....."

(Other Respondents said: "I am not one of those scroungers you read about in the papers. I would not be here if I could

get myself a job."

and: "I worked hard before my accident: I have never been work shy. I wouldn't let myself go to pieces.")

(See Question 54 - Table 50)

(I) - "What do you think about other clients who do not have physical disabilities?"

(R) - "Not much. I don't think they try, at least they try to get something for nothing. Life is too easy for them, and they seem to get given everything....."

(Other respondents said: "Not good company to be with."

and: "I don't like sitting in the waiting room with them. Most of them could do with a bath....."

and: "I don't know what to make of them. They don't look after their children, do they, and they won't work.")

(See Question 55 - Table 51)

(I) - "How do you feel now about the services offered by a Social Services Department?"

(R) - "What services....."

(Other respondents said: "I have'nt found any services. Plenty of chat, but when I try to get round to real action, that then is the end of the interview."

and: "I think the social workers do their best, but I don't need advice. I can manage, if I had a bit more money or a job. What are they supposed to do for you? Mind you, the badge is useful....."

and: "I never thought much of them before I went: I think less now."

and: "I never expected anything, and I never got anything,
that 's about all I can say")

(See Question 56 - Table 52)

(I) - "Would you recommend the Department to one of your friends
with physical disabilities?"

(R) - "Yes, I suppose I would if he had not heard about them.

He might be luckier than I was....."

(Other Respondents said: "Well, yes, but without much enthusiasm."

and: "Yes, I would tell them about it."

and: "I don't know about recommend, but I would tell them. In
fact, they are likely to know about it, we grow up with these
kinds of services."

and: "No, I don't think so.")

(See Question 57 - Table 53)

(I) - "How caring do you think society is for its members with
physical disabilities?"

(R) - "Not at all. We are not offered fairness in jobs or
housing or anything really. Certainly, if the money we
get from the Social Security is a sign of the caring, it
doesn't add up to much....."

(Other respondents said: "No, they want us out of the way."

and: "It has been a real struggle since my accident, and I
don't feel a valuable member of society. They don't help us
much."

and: "Caring? How can you say they are caring? I don't see it
myself."

and: "Sometimes I think the Government cares, but mostly not.")

(Question 58 - Table 54)

(I) - "Would you have preferred money in place of the interviews - it must have cost, say £5 for each interview?"

(R) - "Yes, of course. Money is what we need most"

(Other Respondents said: "Money is always a great help, and I am not sure we got a lot of help from the Department. We got a lot of talk....."

and: "Yes, it would be nice to pay for these kinds of services, then you could make more demands on them"

and: "That's a good idea. I like that idea, except that after a while, the money would probably be taken away, and we would have nothing."

and: "Yes, if they started to give us money for one thing, the idea might spread.")

(Many respondents found the approach used by the interviewer to be unusual for them: they claimed they had not been asked for their opinions by a professional before. Many were surprised to know that the interviewer was a social worker. Many respondents began by telling the interviewer what they thought he wanted to know; confidence and trust had to be established in interaction before respondents were prepared to say what they really thought. Symbolically, the interviewer represented a social worker at first.)